



## DEMOLITION APPLICATION FORM B (COMMERCIAL)

Date of Application: \_\_\_\_\_ Property Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Demo Location: \_\_\_\_\_ Owner's Address: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Demolition Contractor's Name: \_\_\_\_\_ Contractor's Phone Number: \_\_\_\_\_

Demolition Expected Start Date: \_\_\_\_\_ Demolition Expected Completion Date: \_\_\_\_\_

Contractor Surety Type: Cash \_\_\_\_\_ Bond on File \_\_\_\_\_ Bond Amount on File: \_\_\_\_\_

Type of Demolition: Dwelling \_\_\_\_\_ Garage \_\_\_\_\_ Accessory Building \_\_\_\_\_

I hereby certify that I am the owner of record of the named property, or that the proposed demolition is authorized by the owner and I agree to conform to all applicable laws of the Federal Government, the State of Illinois and the Code of Ordinances for the City of Mount Carmel, IL. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CITY USE ONLY BELOW

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_ Bond Released Date: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Pre-Cover Inspection by: \_\_\_\_\_ Date: \_\_\_\_\_ Culvert Material \_\_\_\_\_

Final Inspection by: \_\_\_\_\_ Date: \_\_\_\_\_ Cover Material Used: \_\_\_\_\_



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### ASBESTOS INSPECTION – REMOVAL

Inspector's Name: \_\_\_\_\_ Inspector's Address: \_\_\_\_\_

Inspector's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Asbestos Present: Yes \_\_\_\_ No \_\_\_\_

Regulated Asbestos Containing Material To Be Removed (RACM)		Nonfriable Asbestos <u>NOT</u> To be Removed (Demolition)	
		Category I	Category II
Pipes (Ln. Ft.)			
Surface Area (Sq. Ft.)			
Volume (Cu. Ft.)			
<b>Nonfriable Asbestos To Be Removed</b>			
	Category I	Category II	
Pipes (Ln. Ft.)			
Surface Area (Sq. Ft.)			
Volume (Cu. Ft.)			
<b>Asbestos Removal Contractor</b> _____ <b>Address</b> _____  <div style="display: flex; justify-content: space-between;"> <span>City _____</span> <span>State _____</span> <span>Zip _____</span> <span>Phone # _____</span> </div> License # _____ State Issued: _____ Contact Person _____ Contact Phone # _____			
<b>Waste Transporter</b> _____  Address: _____ City _____ State _____ Contact Person _____ Contact Phone # _____			
<b>Waste Disposal Site</b> _____ <b>Address</b> _____  Landfill Permit # _____			



## DEMOLITION APPLICATION FORM B (COMMERCIAL)

1. PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS:

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2. NAME OF ANALYTICAL TESTING LABORATORY:

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3. DESCRIPTION OF PLANNED DEMOLITION & METHODS TO BE EMPLOYED:

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4. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION SITE:

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5. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

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I, THE UNDERSIGNED HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT FURTHER; I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON-SITE DURING THE DEMOLITION, HAVING IN HIS/HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED

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Signature of Owner/Operator

Date



## DEMOLITION SIGN OFF FORM MOUNT CARMEL PUBLIC UTILITY

DATE:
ADDRESS:
PARCEL NUMBER:
ATTACH A COPY OF THE APPLICATION FOR DEMOLITION. THIS FORM MUST BE SIGNED BY MOUNT CARMEL PUBLIC UTILITY PRIOR TO DEMOLITION PERMIT APPROVAL
Has Mount Carmel Public Utility <b>REMOVED ELECTRIC AND GAS</b> AT THE PROPOSED DEMO LOCATION?
YES NO
IF NO PLEASE INDICATE THE DATE AND TIME THE SERVICES ARE SCHEDULED TO BE REMOVED:
GAS SCHEDULED TO BE REMOVED:
ELECTRIC SCHEDULED TO BE REMOVED:
DATE THE PROPOSED DEMOLITION IS APPROVED TO START:

\_\_\_\_\_  
MOUNT CARMEL PUBLIC UTILITY REPRESENTATIVE

\_\_\_\_\_  
DATE

THIS FORM MUST BE TURNED IN TO THE CITY OF MOUNT CARMEL