



City of Galesburg, Illinois

55 W. Tompkins St. (309) 345-3617 PH (309) 345-5704 Fax www.ci.galesburg.il.us

Demolition Permit Application *Additional permits are required for the Terrace Opening and the Water Service Retirement

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY-IF YOU DON'T KNOW ASK!

PROJECT LOCATION:	Address: _____		
PROPERTY OWNER:	Full Name(s): _____	Phone: _____	Fax: _____
	Address: _____	City/State/Zip: _____	
APPLICANT:	*Must be authorized by owner to make application		
	Full Name(s): _____	Phone: _____	Fax: _____
	Address: _____ City/State/Zip: _____		
DEMOLITION CONTRACTOR:	Name/Business: _____	Phone: _____	Fax: _____
	Address: _____	City/State/Zip: _____ Local Registration #: _____	
EXCAVATION CONTRACTOR:	Name/Business: _____	Phone: _____	Fax: _____
	Address: _____	City/State/Zip: _____	
PLUMBING CONTRACTOR:	Name/Business: _____	Phone: _____	Fax: _____
	Address: _____	City/State/Zip: _____ IL. License#: _____	
DEMOLITION TYPE: <input checked="" type="checkbox"/> One <input type="checkbox"/> Frame or Masonry Building Under 400 square feet. <input type="checkbox"/> Single or Two Family Residence <input type="checkbox"/> Non-residential building over 400 square feet		DEMOLITION COSTS:	
Any buildings to remain on site: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		Building Information: Number of stories in structure: _____ Basement: Yes <input type="checkbox"/> No <input type="checkbox"/> Area of Structure: _____ sq. ft. Number of dwelling units: _____	
		Site Information: Location where demolition waste will be disposed: _____ Hazardous materials on site: Yes <input type="checkbox"/> No <input type="checkbox"/> Water well on site: Yes <input type="checkbox"/> No <input type="checkbox"/> Septic tank on site: Yes <input type="checkbox"/> No <input type="checkbox"/> Cistern on site: Yes <input type="checkbox"/> No <input type="checkbox"/> Underground storage tank on site: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Asbestos Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Asbestos Removal Contractor (Name, Address, Phone Number): _____	
INSURANCE INFORMATION:			
Public Liability Insurance: Certificate of Insurance is issued by: _____ Insurance Company: _____ Policy #: _____ Expiration Date: _____ Insurance Amount: _____			
Automobile Liability Insurance: Certificate of Insurance is issued by: _____ Insurance Company: _____ Policy #: _____ Expiration Date: _____ Insurance Amount: _____			

THE FOLLOWING INFORMATION IS INCLUDED WITH THIS APPLICATION:

- Written confirmation from Ameren Illinois stating that the gas and electric services have been properly retired (Ameren IP will Fax to Community Development). Contact Ameren Illinois at 800-755-5000 to request retirement of gas and/or electric service.
- Copy of the street or terrace opening permit. The permit is to be obtained by the excavating contractor through the Public Works Department. Contact the Public Works Department at 309-345-3623 for any permitting questions.
- Copy of the permit to retire the water service that has been issued to an Illinois Licensed Plumbing Contractor (the Plumbing Contractor may contact Richard Nelson (Water Superintendent) at 309-345-3650 for any additional water service questions). Contact the Public Works Department at 309-345-3623 for any permitting questions.
- Copy of State of Illinois Demolition/Renovation/Asbestos Project Notification Form. Date sent to state : _____.
- Demolition plan for a commercial, industrial, institutional or multi-family residential use.

DEMOLITION PERMIT FEES.

- Wrecking frame or masonry building not exceeding:
 - a. Four hundred (400) square feet of floor space, \$10.00.
- Single-family and two family residences, \$25.00.
- Non-residential building over 400 square feet, \$50.00 for the first 2,000 square feet and \$1.00 per each additional 1,000 square feet or fraction thereof.

A PERMIT BECOMES NULL AND VOID IF THE WRECKING OR DEMOLITION AUTHORIZED IS NOT COMPLETE WITHIN 30 DAYS FROM THE DATE THE PERMIT IS ISSUED.

ALL PERMITS REQUIRE INSPECTIONS TO BE SCHEDULED BY PERMIT HOLDER.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant: _____ Date: _____ Inspector: _____