

DEMOLITION

Requirements for Permit Application

Address of proposed demolition project: _____

Parcel Identification Number (P.I.N.) _____ - _____ - _____

Marengo Building Department
835 West Grant Highway
Marengo, IL 60152

Phone: 815-568-2669
Office hours Monday – Friday: 7:30 am - 3:30 pm
24 hour fax: 815-568-0569

Requirements

1. A completed application form. Blank forms are available at the City of Marengo Building Department.
2. The property owner or agent shall notify all utilities having service connections within the structure such as water, sewer, electric, gas, communication companies, and other connections.
3. A signed and dated Utility Disconnect Statement. Blank forms are available at the Building Department.
4. A plat of survey, or an accurately drawn site plan depicting all structures on lot, including locations of utilities. Indicate structure(s) to be demolished. If a standpipe is existing within such a building, indicate location of standpipe on plat/drawing, such standpipe shall be maintained in an operable condition so as to be available for use by the fire department.

ADDITIONAL INFORMATION OR DOCUMENTATION MAY BE REQUIRED AS DEEMED NECESSARY BY THE BUILDING DEPARTMENT STAFF.

Checklist

- Completed Permit Application form.
- Statement of utility service removal and /or sealed.
 - Signed by owner / agent
 - Dated
 - Plat of survey / site plan
 - Show all dimensions
 - Indicate utilities
 - Indicate location of standpipe, if existing.
 - Indicate structure(s) of proposed demolition.

As the permit applicant I understand that I am responsible for:

Submitting all application materials as required by the Building Department, obtaining all permits and approvals from jurisdictions including but not limited to; I.D.O.T., D.N.R.-O.W.R., F.E.M.A., I.E.P.A., the Marengo Fire Protection District and the McHenry County Department of Health. In addition, I agree to pay all permit and review fees including but not limited to architect, attorney, engineer or outside review firm fees incurred by the City regarding my permit application.

Applicant s signature

Date

Applicant s name (printed)

Applicant s daytime phone

Permit Application for Demolition

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Date issued _____

Property information:(please print)

Demolition address: _____

Parcel Identification Number: _____ - _____ - _____

Zoning District: _____ Will a new structure be built upon parcel: Yes No

Construction type of structure being demolished: _____
(frame, brick, block, etc.)

Structure s prior use(s): _____

Estimated cost of demolition and removal of demolition debris:

\$ _____

Property Owner Information: (please print)

Fax number: _____

Name: _____ Daytime Phone No. _____

Address: _____

Applicant Information if other than owner: (please print)

Fax number _____

Name: _____ Daytime Phone No. _____

Address: _____

Demolition Company information: (please print)

Name: _____ Daytime Phone No. _____

Address: _____ Fax: _____

Approved

Rejected

Reviewer

Date