

# GUTTING PERMIT APPLICATION

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

**Address of proposed gutting project:** \_\_\_\_\_

Requirements: *Supply all the following or indicate why the requested information is not being included.*

1. Reason for gutting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. An updated plat of survey or an accurate site plan drawn to scale with proper dimensions noted must be supplied.

3. Two sets of plans of project to scale with the following:

- A. Show existing and proposed floor plans.
- B. Cross section to be completed.(Attached)
- C. If stairs are to be gutted, show a cross section of new stair dimensions (rise and run with appropriate guard railings and / or handrail).
- D. Approximate age of structure \_\_\_\_\_

4. OWNER(S) name \_\_\_\_\_

5. Owner(s) address \_\_\_\_\_

6. Daytime phone \_\_\_\_\_ **COST OF CONSTRUCTION \$** \_\_\_\_\_

\_\_\_\_\_  
signature of owner / agent / Phone

\_\_\_\_\_  
General contractor / phone #

**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

\_\_\_\_\_  
Applicant s name (printed)

\_\_\_\_\_  
Date

9 Rejected

9 Approved

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_