

REMOVAL and/or INSTALLATION of UNDERGROUND STORAGE TANK

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 project _____

Parcel Identification Number _____ - _____ - _____

1. A **completed permit application**, signed by owner / agent. All applicable information (including COST of construction) must be provided. (Included in packet).
2. A **current plat of survey** depicting any existing improvements, easements and structures. Parcel identification number must be submitted with this document.
3. **Required information.** See checklist.
4. **SIX sets of site plans.** See checklist.
5. A **completed contractors list** with required licenses. (Included in packet).
6. **ADDITIONAL INFORMATION OR DOCUMENTATION MAY BE REQUIRED AS DEEMED NECESSARY BY THE BUILDING DEPARTMENT STAFF.**

7. Owner s name _____

8. Owner s daytime phone _____ Fax _____

9. Owner s address _____

10. Type of business _____

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., IL E.S.D.A., IL office of the State Fire Marshall, 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)