GUTTING Permit Application

Permit Number_____

Date Issued _____

Marengo Building Department
835 West Grant Hwy., Marengo, IL 60152
815-568-2669 Fax 815-568-0569 office hours Mon – Fri 7:00 am – 3:00 pm

Address of proposed project: _____Marengo, IL 60152

Parcel Identification Number: _____-_____-_____-_____ Zoning District:_____

Requirements: Complete the following:

1. Approximate age of structure:_____
1. Reason for gutting:_____

_____

2. Two sets of plans of project to scale with the following:
   A. Show existing and proposed floor plans.
   B. If stairs are to be gutted, show a cross section of new stair dimensions (rise & run with appropriate guard railings and/or handrail).

OWNER INFORMATION

(please print)

Name:_____

Address:_____

Daytime phone:_____

Email: _____

CONTRACTOR INFORMATION

(please print)

Name:_____

Address;_____

Daytime phone_____

email:_____ **Estimated Project Cost $**_____

_____ _____ _____

Signature of owner / agent Phone Date

AS THE PERMIT APPLICANT I UNDERSTAND THAT I AM RESPONSIBLE FOR:

Submitting all application materials as required/requested by the Building Department, obtaining all permits and approvals. 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. I am to provide proper disposal containers for all construction debris and will maintain the site clean.

_____ _____ _____

Applicant signature Applicant name printed Date

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