



Demolition Permit Application

Applicant Information									
Applicant Name (Indiv., Org. or Entity)			Authorized Representative			Т	Title		
Mailing Address		City	City		S	tate	Zip Code		
E-mail		Phone	Phone		F	Fax			
Landowner Information (if	different than Ap	plicant)							
Name (Organization or Entity)			Contact	Contact Person		Т	Title		
Mailing Address			City	City		S	tate	Zip Code	
E-mail			Phone	Phone			Fax		
Existing Site Location						•			
Site Address / Location: Location ID(O(s):	s): Plat / CSM / Lot l		/ Lot No.:	ło.:		
Quarter: NW NE SW SE			Section:	Section: Township:			N	Range:	Е
Legal Description:	Legal Description:								
Current Zoning:			Curr	ent Use:					
Lot Dimensions: Front:	Side:	Rear:	Sid	Side: Lot Area:			acres or square feet		
Verification of Disconnect	ts (see reverse s	ide)		Project	Information	on			
☐ Verification of Disconnects (see reverse side)◆ Electric & Gas				Date to Begin Demolition:					
Sewer & Water or Septic & Well				Date to be Completed:					
Notes									
All debris shall be pro	perly dispose	d of.							
 Applicant must verify applicable regulations 									
Fees									
Demolition - \$25.00	☐ No	Charge (bu	ildings with	no utilities	or if the perm	nit for new	building i	s applied for at san	ne time)
Certification & Permission	1								
Certification: I hereby certify that I attachments is true and accurate. I u stop work orders, permit revocation, a	ınderstand that failu	re to comply w							
Permission: As the landowner of the	e property, I hereby	give the perm				ect the prop	erty to eva	aluate this application,	to determine
compliance with the ordinances, and perform corrective actions after issues Applicant Signature				Date S			gned		
Landowner Signature (required)				Date Si			ned		
OFFICE USE ONLY								Inspections:	
Date Complete Application Received:	Fee Received:	\$	Date Ap	proved:					
Application (Coolived.	Receipt No.:								
	Permit No.:								

Verification of Disconnects					
Property Address:	Location ID(s):				
Electric & Gas Utilities (check one)					
As a representative ofutilities which are the responsibility of the above-nation of this page were disconnected on	amed utility located at the address listed on the top				
Name & Title	Signature				
As an electrical contractor with I hereby certify that the utilities located at the addreson (date) at (time).					
Name & Contractor ID #	Signature				
☐ No electrical or gas services. As the owner of the p there are no electric or gas services to the building	to be demolished/removed.				
	· · · · · · · · · · · · · · · · · · ·				
	to be demolished/removed.				
there are no electric or gas services to the building	Signature (name of sanitary district), I hereby certify that e-named utility located at the address listed on the				
Sewer & Water or Septic & Well (check one) As a representative of	Signature (name of sanitary district), I hereby certify that e-named utility located at the address listed on the				
Sewer & Water or Septic & Well (check one) As a representative of the utilities which are the responsibility of the abov top of this page were disconnected on	Signature (name of sanitary district), I hereby certify that e-named utility located at the address listed on the (date) at (time).				
Sewer & Water or Septic & Well (check one) As a representative of	Signature (name of sanitary district), I hereby certify that e-named utility located at the address listed on the (date) at (time). Signature As a representative of Calumet County, I hereby certify that the septic system located at the address listed on the top of this page was				
Sewer & Water or Septic & Well (check one) As a representative of	Signature (name of sanitary district), I hereby certify that e-named utility located at the address listed on the (date) at (time). Signature As a representative of Calumet County, I hereby certify that the septic system located at the address listed on the top of this page was abandoned on (date). Signature Signature				