**EAST DUBUQUE ZONING OFFICE**
**261 SINSINAWA AVE.**
**EAST DUBUQUE, IL 61025-1222**
**Telephone 815-747-3416**
**Fax 815-747-2973**

# PERMIT FOR DEMOLITION OF BUILDING

NAME OF OWNER:_____ TELEPHONE: _____
ADDRESS OF SITE:_____ ZONING CLASSIFICATION: _____

NAME & ADDRESS OF CONTRACTOR: (indicate self in applicable)
Name_____ Address _____
Telephone_____ Cell Phone_____

PURPOSE OF DEMOLITION:
Residence of Owner ( )
Commercial ( )

Explanation:_____
_____

(If additional space needed, use back of form.)

Begin Date of Project: _____ End Date of Project: _____

Have you called in a JULIE (Illinois Hotline for Utility Notification) 1-800-892-0123? _____
Have you notified Electric Company for disconnection of service/removal of meter? _____
Have you notified the Gas Company for disconnection of service/removal of meter? _____
Have you notified the Water/Sewer Utility for disconnection of service/removal of meter? _____

The Public Work Director will require plans for water and sewer service lines being disconnected from the main(s).

Have you followed all state and federal rules for asbestos removal? _____

Remember:
All utilities must be notified no more than thirty days before beginning your project.
All utilities want their meters back. You do not own the meters.

Permit Fee _____ Issuance Fee _____ Total Fees _____
Permit fee is doubled if construction occurs before permit is issued.

I (we) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief. If I need to change anything in my plans, I will notify City Hall to review permit before proceeding with changes.

SIGNATURE:_____ DATE: _____

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*Permits are issued for developments beginning within 90 days and expiring within one year

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**TO BE COMPLETED BY ZONING OFFICE**

Permit # _____ Parcel # _____
Block # _____ Date Issued _____
Zoning Administrator: _____