

VILLAGE OF STEELEVILLE

107 West Broadway, Steeleville, Illinois 62288

Phone: 618-965-3134

Fax: 618-965-9479

Building Removal Permit

For Office Use Only

Permit Number _____

Fee Paid _____

Date _____ Address of Building _____

Name of Applicant _____

Applicant's Address _____

Applicant's Telephone Number _____

Type of Building or Structure to be Demolished _____

Legal owner of Building _____

Owner's Address (If Applicable) _____

Method of Disposition _____

Utilities Removed _____

ELECTRIC

GAS

WATER/SEWER

OTHER

Sanitary Sewer Capped _____

Name of Contractor (If applicable) _____

Demolition is to begin within thirty (30) days of approval of application. The structure must be completely demolished and removed. All depressions must be filled to the surrounding landscape height within ninety (90) days.

If demolition and removal of structure is not completed in a timely manner, the Village of Steeleville, or its agent, may have the demolition and removal of the structure completed at the expense of the property owner.

A fee of \$25.00 is expected upon submittal of application. No application will be approved until fee is paid in full.

Signature of Applicant

The undersigned Zoning Administrator for the Village of Steeleville hereby certifies that he has inspected the property and certifies that demolition and removal of structure has been completed.

Dated: _____

Zoning Administrator