



DEMOLITION PERMIT APPLICATION

INSPECTIONS DEPARTMENT

121 11TH STREET, SILVIS, IL 61282

OFFICE HOURS: MON-FRI 8:00-9:00 AM, 12:00-1:00 PM or By Appointment

Section 1 – PROJECT INFORMATION

Project Address: _____

Owner Name: _____ Owner Phone: _____

Owner Address (if different from above): _____

Description of type of Building and number of units: _____

Section 2 – PERMIT FEES

Accessory Building/Garage \$25.00 Each Commercial: Single Story \$100.00 Each

Residential: Single Story \$50.00 Each Commercial: Multi Story \$150.00 Each

Residential: Multi Story \$75.00 Each Industrial: Single Story \$200.00 Each

Project Cost: \$ _____ Permit Fee: \$ _____ Industrial: Multi Story \$250.00 Each

Section 3 – CONTRACTOR INFORMATION

Demolition Contractor:	Contractor Phone:
Contractor Address:	Place of Disposal:

Section 4 – CITY AUTHORIZATION – FOR CITY STAFF ONLY

Utility	Date:	Approved By:	Utility	Date:	Approved By:
Sewer Connection			Gas Service		
Water Service			Electrical Service		

Section 5– APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

Applicant or Company Name: _____

Applicant or Company Address: _____

Applicant or Company Phone Number: _____

APPLICANT TYPE (check one)	
<input type="checkbox"/>	Contractor (Registered with Silvis)
<input type="checkbox"/>	Property Owner (Owner of Legal Record)
<input type="checkbox"/>	Authorized Agent (Written Auth. From Owner)

APPLICANT SIGNATURE: X _____ DATE: _____