

**CITY OF MONMOUTH**  
**DEMOLITION PERMIT APPLICATION FORM**

Name of Applicant/Property Owner: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Structure to be Demolished:  Residential  Commercial/Industrial

Name of Demolition Contractor: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Estimated Start Date of Demolition: \_\_\_\_\_

I, \_\_\_\_\_, understand and acknowledge that all utilities, including  
(Name of Applicant/Property Owner)  
water, sewer, gas electric and cable, must be disconnected and must have obtained certification from the service provider of said disconnection, that foundations must be removed down to twenty-four (24) inches below grade, that a State of Illinois Demolition/Renovation/Asbestos Project Notification Form must be completed and filed with the Illinois Environmental Protection Agency (IEPA), and that copies of all landfill tip fee/weight tickets from a State registered landfill must be submitted to the City by the Applicant/Property Owner's demolition contractor to ensure compliance with the Illinois law prohibiting the open dumping of construction/demolition debris waste.

\_\_\_\_\_  
Signature of Applicant/Property Owner

\_\_\_\_\_  
Date

NOTE: The Demolition Permit issued by the City based on this application, is valid for 30 days from the date of issuance.