

# City of Collinsville

## DEMOLITION PERMIT

**Authority: Section 5-105 of the Municipal Code requires a permit for the demolition of any building or structure within the corporate limits of the City of Collinsville. The application review and processing fee is \$50.00.**

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Permit Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF OWNER OF PROPERTY/STRUCTURE IF DIFFERENT FROM ABOVE:

\_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF DEMOLITION (CIRCLE):

HOUSE     SHED     BARN     BUSINESS BUILDING     OTHER

ADDRESS OR LOCATION OF SITE: \_\_\_\_\_

DATES FOR COMMENCEMENT AND COMPLETION OF DEMOLITION: \_\_\_\_\_ / \_\_\_\_\_

WILL THE DEMOLITION BLOCK A PUBLIC STREET OR ALLEYWAY?     Yes     No

If YES, give the locations and dates anticipated \_\_\_\_\_

WILL THE DEMOLITION EFFECT UNDERGROUND GAS, WATER, SEWER, DRAINAGE, ELECTRIC, TELEPHONE OR CABLE-TV LINES?     Yes     No

If YES, give the type of utility effected and dates anticipated: \_\_\_\_\_

WILL THE DEMOLITION EFFECT OVERHEAD ELECTRIC OR STREET LIGHTS?

Yes     No    If YES, give location \_\_\_\_\_

DO YOU HAVE LIABILITY INSURANCE OR A BOND FOR THE DEMOLITION JOB OR FOR THE PERFORMANCE OF YOUR CONTRACTOR?     Yes     No

If YES, provide copy of certificate of insurance running to the City and/or owners of abutting property

Attached: \_\_\_\_\_ Contractor's or Applicant's Insurance Company \_\_\_\_\_

### **CERTIFYING STATEMENT OF RESPONSIBILITY**

The above applicant/owner assumes full responsibility and liability for the demolition to be conducted at \_\_\_\_\_ (address) on or about \_\_\_\_\_ (dates) for damages caused to all public and private property resulting from such demolition.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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**CHECKED:** \_\_\_\_\_ **BUILDING INSPECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **UTILITIES FLAGGED?** \_\_\_\_\_

**INSURANCE OR BOND VALIDATED?** \_\_\_\_\_

**ARE POLICE OR CITY STREET DEPARTMENT NEEDED TO BLOCK STREETS?** \_\_\_\_\_

**APPLICATION FEE PAID?** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

