



# Demolition Permit Application

Return Completed Form To: Zoning & Building Safety Dept, 1504 3rd Ave., Room 305, Rock Island, IL 61201

## 1. AUTHORIZATION REQUIREMENTS.

Permit #

Application is hereby made for Demolition of a structure(s). All sections must be completed and signed before the application can be submitted. No work may commence prior to permit approval.

## 2. PROPERTY INFORMATION.

Address \_\_\_\_\_ PIN \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contractor(s) Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## 3. STRUCTURE(S) DESCRIPTION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. ELECTRICAL SERVICE.** Contact MidAmerican Energy Company to disconnect the service at (888) 427-5632. Once the service has been disconnected and ready for demolition, have the MEC representative sign and date this document. A copy of an email may also be acceptable.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**5. GAS SERVICE.** Contact MidAmerican Energy Company to disconnect the service at (888) 427-5632. Once the service has been disconnected and ready for demolition, have the MEC representative sign and date this document. A copy of an email may also be acceptable.  Property is served by Liquid Petroleum (LP) Gas.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**6. WATER SERVICE.** Contact Rock Island County Health Department to discuss requirements for sealing the well at (309) 558-2840. Once the well has been sealed and approved by the Health Department, have the Health Department representative sign and date this document. A copy of a permit may also be acceptable.  Property is served by municipal water supply.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**7. SEWAGE SYSTEM.** Contact Rock Island County Health Department to discuss the requirements for abandoning a septic system at (309) 558-2840. Once the septic has been abandoned and approved by the Health Department, have the Health Department representative sign and date this document. A copy of a permit may also be acceptable.  Property is served by municipal sewer system.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**8. FILL MATERIAL.** Only *Approved Fill Material* may be used to fill in depressions left by the demolition.

**9. APPLICANT'S CERTIFICATE.** I hereby certify that all the statements in and attachments to this application are a true description of the existing property and the proposed development project. I agree to abide by all development requirements of Rock Island County, Illinois. Once issued, this permit gives Rock Island County and its designee permission to enter the property for all necessary inspections.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date