

APPLICATION FOR DEMOLITION PERMIT

City of O'Fallon
255 South Lincoln Ave.
O'Fallon, IL 62269

Planning & Zoning Department
(618) 624-4500, Ext. 4

(Do not write in this space - For office use only)

Date: _____, 20____ () Permit issued No. _____

* * * * *

INSTRUCTIONS TO APPLICANT. All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Planning & Zoning office for any assistance needed in completing this form.

1. Name of Owner(s): _____
(Attach additional sheets, if necessary)

Address: _____ Phone: _____
(Street, city, state, and zip code)

2. Applicant's name: _____

Address: _____ Phone: _____
(Street, city, state, and zip code)

3. Property interest of applicant: _____
(Owner, contract purchaser, contractor, etc.)

4. Address of proposed demolition: _____

5. Legal description of property: _____
(Lot number and subdivision and parcel ID number; attach metes and bounds if necessary)

6. Existing use of property: _____ Zone District: _____
Proposed use of property: _____

7. Application is hereby made for a Demolition Permit, as required under the Zoning Ordinance of the City of O'Fallon.

Prior to the issuance of the Demolition Permit, a written release from all utility companies (electric, gas, water, and sewer) stating that their respective service connections and appurtenant equipment, such as meters and regulators have been removed or plugged and sealed in a safe manner will be on file in the Planning & Zoning Office. Also, proof of written notification to adjoining property owners, either by Certificate of Mailing or a signed statement of hand-delivered notification, along with a copy of the letter will be provided prior to the issuance of the permit.

Applicant's Signature _____

* * * * *

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate city officials. Failure to comply with the above shall constitute a violation of the provisions of the City of O'Fallon Zoning Ordinance.

Dated: _____, 20____

Authorized by Planning & Zoning Department

Electric Gas Water

Revised November, 2005

For Inspections Call 624-4500, Ext. 4
Hours 8:00 - 5:00, Monday - Friday

DEMOLITION REQUIREMENTS

Prior to issuance of permit:

1. A written release (may be faxed with original to follow) from all utility companies (electric, gas, water, sewer) that their respective service connections and appurtenant equipment, such as meters and regulators have been removed or plugged and sealed in a safe manner.
2. Proof of written notification to adjoining property owners (i.e. Certificate of Mailing with copy of the letter or a signed statement of hand-delivered notification along with copy of the letter).

Demo Permit:

1. \$45.00 permit fee (on building permit application form).
2. Lot regulation: Whenever a structure is demolished or removed, the premises shall be maintained free from all unsafe or hazardous conditions by the proper regulation of the lot, restoration of established grades, and the erection of the necessary retaining walls and fences to provide suitable protection for the general public.

Inspections Required:

1. Immediately, prior to demolition;
2. After site clean-up

Not less than twenty-four (24) hours notice must be given by the owner or applicant when requesting an inspection and allow at least until the end of the following working day for any required inspection. Inspections are made during regular business hours only.

Date: _____

O'Fallon Sewer Division
Attn: Public Works
255 South Lincoln Avenue
O'Fallon IL 62269
Fax: (618)624-4528

Re: Retirement of **Sewer Service**

Dear Sirs:

We have applied with the City of O'Fallon Planning & Zoning office to obtain a demolition permit for the structure located at _____, O'Fallon, Illinois. The City of O'Fallon requires that we obtain from O'Fallon Sewer Department, in writing, that the sewer service has been retired, before they will issue a permit for demolition.

We have called the O'Fallon Sewer Division at (618) 624-4500 and have requested retirement of this service as of _____ (date). As requested by the City of O'Fallon, we are petitioning you or your representative to sign the statement below indicating that the sewer service has been retired as of this date. Please fax this letter to the City of O'Fallon Planning & Zoning office at (618) 624-4534, so we may obtain the demolition permit.

Thank you for your prompt attention to our request.

Sincerely,

(Name)
(Address)
(Company)
(Phone)

* * * * *

TO: City of O'Fallon Planning & Zoning Offices

From: O'Fallon Sewer Division, Public Works

We hereby certify that the sewer service to _____, O'Fallon, Illinois, has been retired from the building(s) as requested by the above sender.

Signed and dated,

Date: _____

Caseyville Township Sewer
1 Ecology Drive
O'Fallon IL 62269
Fax number (618) 632-1477

Re: Retirement of **Sewer Service**

Dear Sirs:

We have applied with the City of O'Fallon Planning & Zoning office to obtain a demolition permit for the structure located at _____, O'Fallon, Illinois. The City of O'Fallon requires that we obtain from Caseyville Township Sewer, in writing, that the sewer service has been retired, before they will issue a permit for demolition.

We have called the Caseyville Township Sewer at (618) 632-2414 and have requested retirement of this service as of _____ (date). As requested by the City of O'Fallon, we are petitioning you or your representative to sign the statement below indicating that the sewer service has been retired as of this date. Please fax this letter to the City of O'Fallon Planning & Zoning office at (618) 624-4534, so we may obtain the demolition permit.

Thank you for your prompt attention to our request.

Sincerely,

(Name)
(Address)
(Company)
(Phone)

* * * * *

TO: City of O'Fallon Planning & Zoning Offices (fax: (618)624-4534)

From: Caseyville Township Sewer

We hereby certify that the sewer service to _____, O'Fallon, Illinois, has been retired from the building(s) as requested by the above sender.

Signed and dated,

Date: _____

Ameren IP
P.O. Box 428
Belleville IL 62221
Phone (800) 755-5000 - Fax number (217) 424-6758

Re: Retirement of **Gas Service**

To whom it may concern:

We have applied with the City of O'Fallon Planning & Zoning office to obtain a demolition permit for the structure located at _____, O'Fallon, Illinois. The City of O'Fallon requires that we obtain from Ameren IP, in writing, that the gas service has been retired, before they will issue a permit for demolition.

We have called Ameren IP at 1-800-755-5000 and have requested retirement of this service as of _____ (date). As requested by the City of O'Fallon, we are petitioning you or your representative to sign the statement below indicating that the gas service has been retired as of this date. Please fax this letter to the City of O'Fallon Planning & Zoning office at (618) 624-4534, so we may obtain the demolition permit.

Thank you for your prompt attention to our request.

Sincerely,

_____(Name)
_____(Address)
_____(Company)
_____(Phone)

* * * * *

TO: City of O'Fallon Planning & Zoning Offices (fax: (618)624-4534)

From: Ameren IP, Operations

We hereby certify that the gas service to _____, O'Fallon, Illinois, has been retired from the building(s) as requested by the above sender.

Signed and dated,

Date: _____

Ameren IP
Attn: Susan Coldon
P.O. Box 428
Belleville IL 62221
Phone (618)236-6249 - Fax number (618) 234-4922

Re: Retirement of **Electric Service**

Dear Ms. Coldon:

We have applied with the City of O'Fallon Planning & Zoning office to obtain a demolition permit for the structure located at _____, O'Fallon, Illinois. The City of O'Fallon requires that we obtain from Ameren IP, in writing, that the electric service has been retired, before they will issue a permit for demolition.

We have called Ameren IP at 1-800-755-5000 and have requested retirement of this service as of _____ (date). As requested by the City of O'Fallon, we are petitioning you or your representative to sign the statement below indicating that the electric service has been retired as of this date. Please fax this letter to the City of O'Fallon Planning & Zoning office at (618) 624-4534, so we may obtain the demolition permit.

Thank you for your prompt attention to our request.

Sincerely,

(Name)
(Address)
(Company)
(Phone)

* * * * *

TO: City of O'Fallon Planning & Zoning Offices (fax: (618)624-4534)

From: Ameren IP, Operations

We hereby certify that the electric service to _____, O'Fallon, Illinois, has been retired from the building(s) as requested by the above sender.

Signed and dated,

Date: _____

O'Fallon Water Division
255 South Lincoln Avenue
O'Fallon IL 62269
Fax: (618)624-4528

Re: Retirement of **Water Service**

Dear Sirs:

We have applied with the City of O'Fallon Planning & Zoning office to obtain a demolition permit for the structure located at _____, O'Fallon, Illinois. The City of O'Fallon requires that we obtain from O'Fallon Water Department, in writing, that the water service has been retired, before they will issue a permit for demolition.

We have called the O'Fallon Water Division at (618) 624-4500 and have requested retirement of this service as of _____ (date). As requested by the City of O'Fallon, we are petitioning you or your representative to sign the statement below indicating that the water service has been retired as of this date. Please fax this letter to the City of O'Fallon Planning & Zoning office at (618) 624-4534, so we may obtain the demolition permit.

Thank you for your prompt attention to our request.

Sincerely,

(Name)
(Address)
(Company)
(Phone)

* * * * *

TO: City of O'Fallon Planning & Zoning Offices (fax: (618)624-4534)

From: O'Fallon Water Division

We hereby certify that the water service to _____, O'Fallon, Illinois, has been retired from the building(s) as requested by the above sender.

Signed and dated,
