

APPLICATION FOR DEMOLITION PERMIT

City of O'Fallon, Community Development Department
255 South Lincoln Ave., O'Fallon, IL 62269
(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 Community Development Department for any assistance needed in completing this form.

1. Name of Owner(s): _____
(Attach additional sheets, if necessary)
Mailing Address: _____ Phone: _____
(Street, city, state, and zip code)
2. Applicant's name: _____
Mailing 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 Code of Ordinances of the City of O'Fallon.

Prior to the issuance of the Demolition Permit, a written release from all utility companies such as O'Fallon Public Works, Caseyville Township Sewer and Ameren Illinois (electric, gas, water, sewer) shall be submitted 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. Also, proof of written notification of the demolition to adjoining property owners / neighbors, with a copy of the letter, is to be provided prior to the issuance of the permit.

The removal of any material containing asbestos must comply with Illinois EPA Asbestos Unit guidelines. Visit <http://www.epa.state.il.us/air/asbestos/> or call 217-524-0229 for further assistance.

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 Code of Ordinances.

Dated: _____, 20____

Authorized by Community Development Department

☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Asbestos

Updated September 3rd, 2020

CITY OF O'FALLON DEMOLITION REQUIREMENTS

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

Demo Permit:

1. \$45.00 permit fee required.
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.

Prior to issuance of permit:

1. A written release from all utility companies such as O'Fallon Public Works, Caseyville Township Sewer and Ameren Illinois (electric, gas, water, 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.
2. The removal of any material containing asbestos must comply with Illinois EPA Asbestos Unit guidelines. Testing and abatement of certain structures may be required. Visit <https://www2.illinois.gov/epa/topics/air-quality/asbestos/Pages/default.aspx> or call 217-524-0229 for further assistance.
3. For wells, septic or aeration systems, please contact the St. Clair County Health Department at (618)233-7769 to ensure compliance with St. Clair County requirements.
4. Proof of written notification to adjoining property owners / neighbors with a copy of the letter provided to the Community Development Department.

Inspections Required:

1. Prior to start of demolition, please call our Office to schedule a "pre-demo" inspection.
2. During demolition of the structure, please contact our Office to schedule an inspection of the sewer capping and retirement.
2. After site clean-up, grading and soil stabilization is in place, please call for "final" inspection.

*****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. Please call by 10:00 a.m. for same day inspections. *****

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 Community Development Department 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 Community Development Department 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 Community Development Department

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 Community Development Department 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 Community Development Department 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 Community Development Department (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 Illinois
Phone (888)659-4540
Fax number (217)424-6758
illinoisconstruction@ameren.com

Re: Retirement of **Gas Service**

To whom it may concern:

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

We have called Ameren Illinois 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 Community Development Department 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 Community Development Department (fax: (618)624-4534)

From: Ameren Illinois

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 Illinois
Phone (888)659-4540
Fax number (217)424-6758
illinoisconstruction@ameren.com

Re: Retirement of **Electric Service**

Dear Ameren Illinois:

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

We have contacted Ameren Illinois 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 Community Development Department 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 Community Development Department (fax: (618)624-4534)

From: Ameren Illinois

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 Community Development Department 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 Community Development Department 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 Community Development Department (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,



O'FALLON POLICE DEPARTMENT



OVERWEIGHT/ OVERSIZE PERMIT INFORMATION

The City of O'Fallon requires permits for vehicles that exceed the following weight/sizes:

WEIGHT (non-divisible loads only)

- 80,000 lbs gross
- 34,000 lbs tandem axle
- 20,000 lbs single axle
- Any weights exceeding the Federal Bridge Law Formula

SIZE

- 8'6" width
- 13'6" height
- 55' length (semi-tractor/trailer)
- 60' length (truck trailer)
- 42' length (single vehicle)

REQUIRED DOCUMENTATION

Before a permit will be issued:

- A permit application must be submitted.
- A certificate of valid general liability/indemnification policy in the amount of \$1,000,000.00 and must list the City of O'Fallon as an additional insured/certificate holder. The certificate must be on file with the O'Fallon Police Department before the permit will be issued.

PROCEDURE:

- Submit the application online at www.oxcartpermits.com or If you do not have internet access applications may be made M-F 8am-4pm at the O'Fallon Police Department no less than 24 hours prior to the desired move date;
- Submit insurance policy via email at trucks@ofallon.org or fax 618-632-6370
- Permits will be issued as soon as possible;
- NO MOVES MAY BE MADE ON THE APPLICATION. The permit MUST be in hand.

NEED MORE INFORMATION?

Please feel free to contact the Truck Enforcement Unit at trucks@ofallon.org or by phone 618-624-4545