



DEMOLITION PERMIT APPLICATION

INSPECTIONS DEPARTMENT
 912 16TH AVE, EAST MOLINE, IL 61244
 PHONE: (309) 752-1512 FAX: (309) 752-1572
 OFFICE HOURS: MON-FRI 8-9:30 AM, 3:30-4:30 PM

Section 1 – PROJECT INFORMATION

Project Address: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Description of type of Building and number of Units: _____

Section 2 – PERMIT FEES

Accessory Building/Garage	<input type="checkbox"/> \$25.00 Each	Commercial: Single Story	<input type="checkbox"/> \$100.00 Each
Residential: Single Story	<input type="checkbox"/> \$50.00 Each	Commercial: Multi Story	<input type="checkbox"/> \$150.00 Each
Residential: Multi Story	<input type="checkbox"/> \$75.00 Each	Industrial: Single Story	<input type="checkbox"/> \$200.00 Each
Project Cost: \$ _____	Permit Fee: \$ _____	Industrial: Multi Story	<input type="checkbox"/> \$250.00 Each

Section 3 – CONTRACTOR INFORMATION

Demolition Contractor: _____	Contractor Phone: _____
Contractor Address: _____	Place of Disposal: _____

Section 4 – CITY AUTHORIZATION – FOR CITY STAFF ONLY

Utility	Date:	Approved By:	Utility	Date:	Approved By:
Sewer Connection			Gas Service		
Water Service			Electrical Service		

Section 5 – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one):	Applicant or Company Name: _____
<input type="checkbox"/> Contractor (Registered with East Moline)	Applicant or Company Address: _____
<input type="checkbox"/> Property Owner (Owner of Legal Record)	Applicant or Company Phone Number: _____
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	

APPLICANT SIGNATURE: X _____ **DATE:** _____