

# APPLICATION FOR DEMOLITION PERMIT

DISTRICT NAME	COUNTY
FACILITY NAME	FACILITY LOCATION

- Property is owned by the district Project Number: \_\_\_\_\_  
 Property **not** owned by district (Attach Authorization by owner)

## PROJECT SCOPE

<b>BUILDING TYPE</b> <input type="checkbox"/> School Building <input type="checkbox"/> Bus Barn <input type="checkbox"/> Greenhouse <input type="checkbox"/> Residential <input type="checkbox"/> Maintenance Building <input type="checkbox"/> Other _____	<b>COST AND FINANCING</b> TOTAL ESTIMATED COST \$ _____ ESTIMATED COMPLETION DATE _____ SOURCE OF ALL FUNDS: _____ TOTAL SQUARE FOOTAGE: _____
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## CONTACTS

- Contact State Fire Marshal for Hazards  
 Asbestos removed (contacted IDPH)  
 Notified owners across school property line  
 Other: \_\_\_\_\_

**FOR HEALTH/LIFE SAFETY FUNDING (5¢ LEVY OR BONDS) INDICATE**  
 Amendment number: \_\_\_\_\_  
 Item(s): # \_\_\_\_\_  
 # \_\_\_\_\_

## NOTIFIED UTILITIES AND ADJACENT OWNERS

- |   |  |
|---|--|
| <input type="checkbox"/> Water*<br><input type="checkbox"/> Gas*<br><input type="checkbox"/> Sewer*<br><input type="checkbox"/> Electrical*<br><input type="checkbox"/> Telephone*<br><input type="checkbox"/> Cable*<br><input type="checkbox"/> Hazardous Materials Removal | <input type="checkbox"/> Sprinkler System Terminated<br><input type="checkbox"/> Notified Adjacent Owners in Writing<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|--|

\* Request letter from utility

## ARCHITECT

*We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.*

(Seal)

\_\_\_\_\_  
License Number Expiration Date

\_\_\_\_\_  
Name and Signature of Architect/Engineer Name of Firm Phone Number

## SCHOOL DISTRICT

\_\_\_\_\_  
Date Date Signature of President, Board of Education Signature of District Superintendent

\_\_\_\_\_  
The Above Application for Building Permit is hereby accepted as submitted Date Signature of Regional Superintendent