



**VILLAGE OF
CARBON
CLIFF**

DEMOLITION PERMIT APPLICATION
INSPECTIONS DEPARTMENT
912 16TH AVE, EAST MOLINE, IL 61244
PHONE: (309) 752-1509 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 \$25.00 Each Commercial: Single Story \$100.00 Each
Residential: Single Story \$50.00 Each Commercial: Multi Story \$150.00 Each
Residential: Multi Story \$75.00 Each Industrial: Single Story \$200.00 Each
Project Cost: \$ _____ Permit Fee: \$ _____ Industrial: Multi Story \$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)	_____
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Phone Number: _____

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