

# Demolition Permit Application

Date: \_\_\_\_\_

## City of Mt. Vernon

1100 Main St.  
P.O. Box 1708  
Mt. Vernon, IL. 62864  
(618) 242-6830

ALL INFORMATION IS REQUIRED PRIOR  
TO PERMIT ISSUANCE

Owner Name:	<b>DESCRIPTION OF PROPERTY</b>	
Owner Address:	Job Address:	
Owner City & State:	Lot:	Block:
Owner Phone:	Subdivision:	
Contractor Name:	Parcel Pin #:	
Contractor Phone:	Size of Lot:	#Stories:

Describe which building(s) are to be demolished, if more than one structure exists on lot.

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If this property is regulated under Part 61 of Title 40 of the Code of Federal Regulations (NESHAP), be advised that the owner or contractor must file a NESHAP notification form with Illinois EPA, as required by Section 61.145(b) of Title 40 of the Code of Federal Regulations. For notifications forms and additional guidance please visit [www.epa.state.il.us/air/asbestos](http://www.epa.state.il.us/air/asbestos).

**CAPPING UTILITIES:**

The property owner/contractor shall notify all utility owners before demolition begins, so the utilities may be removed. The sanitary sewer service lateral shall be capped by the property owner/contractor at the point the sanitary sewer service lateral leaves the property. The property owner/contractor shall contact the City of Mt. Vernon Sewer Department at the time of capping so that an inspection can be made as to the location and method used to cap the service lateral. Failure to have the required inspection will be in violation of City Ordinances and action will be taken under the ordinances of the city.

I have read the above and agree to fulfill the requirements stated. X \_\_\_\_\_  
Applicant Signature

Applicant Name & Title: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Zoning: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_ Permit # \_\_\_\_\_