

DO NOT WRITE IN THIS SPACE

Date Submitted: _____

Permit Fee: _____

Date Issued: _____

Permit Number: _____

Village of Carol Stream

500 N. Gary Avenue • Carol Stream, Illinois 60188 • Tel: 630.871.6230 • Fax: 630.665.1064

APPLICATION FOR PERMIT TO DEMOLISH

Application is hereby made on (Date) _____ for a permit to demolish a structure at:

Address: _____, Carol Stream, Illinois

Lot# _____ Block _____ Subdivision _____

Includes: Garage _____ Attached _____ Detached _____ Stories _____

Type of Construction _____ Total Square Feet Floor Area _____

Utilities: Sanitary Sewer _____ Storm Sewer _____ Water Meter _____

Well _____ (If capped, by whom?) _____

Name and Location of Dumping Grounds: _____

Owner's Name _____ Contractor _____

Address _____ Address _____

City _____ City _____

Phone Number _____ Phone Number _____

Applicant (print) _____

Signature _____

Address _____

Phone _____

Approved by: _____

Village of Carol Stream Building Official

The applicant hereby certifies to the correctness of all the above information, and in consideration of the issuance of a permit herein applies for, agrees to comply with all provisions of the Zoning Ordinance and the Building Code of the Village of Carol Stream, Illinois.