

DO NOT WRITE IN THIS SPACE

Date Submitted: _____

Permit Fee: _____

Date Issued: _____

Permit Number: _____

Village of Carol Stream

Community Development Department

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.

Description of demolition work (Attach plan if necessary): _____

Total Square Feet Floor Area _____

Utilities: Sanitary Sewer _____ Storm Sewer _____ Water Meter _____

Well _____ If capped, by whom? _____

Owner's Name _____ Contractor _____

Address _____ Address _____

City _____ City _____

Phone Number _____ Phone Number _____

Applicant (print) _____

Signature _____

Address _____

Phone _____

E-Mail _____

Approved by: _____

Building Official or Authorized Deputy

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