



City of Farmington

Municipal Building
322 E. Fort Street Room 101
Farmington, IL 61531

Phone (309) 245-2011
Fax (309) 245-9123

email: kstufflebeam@cityoffarmingtonil.com

Date: _____

Application # _____

Application for **DEMOLITION PERMIT**

INSTRUCTIONS TO APPLICANTS

As per Ordinance 2010-04, a permit for demolition is required as per City Building Code. The cost for this permit is a flat fee of \$25.00 payable prior to the start of any demolition. This permit application is the instrument that removes the structure from the property tax roles.

Address of Demolition: _____

Type of Structure Demolished: _____

Permanent Parcel Number (Tax ID Number) _____

Legal Description (only if T.I.N. not available) _____

Insurance in effect on structure: ☐ Yes ☐ No

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Property Interest of Applicant: ☐ Owner ☐ Agent ☐ Contractor

Owner's Name: _____
(If different from applicant)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

If work is performed by a contractor, does contractor have certificate of insurance for liability coverage? () Yes
() No

If Yes, Coverage Amount: \$ _____

Insurance Carrier: _____

The Demolition Permit issued with this application shall become void ninety (90) days after issuance unless substantial progress has been made by that date on the project described herein, as determined by the Inspector of Buildings of the City of Farmington, Illinois. Should the property herein change ownership prior to demolition this permit is deemed null and void.

Date: _____

Signature of Applicant or Owner

Signature of Owner or Agent
(if different from applicant)

Approved: _____
(Zoning Enforcement Officer)

Date; _____

Denied: _____
(Zoning Enforcement Officer)

Date: _____