

**City of Havana**  
**227 West Main Street**  
**Havana, IL 62644**

|                                 |          |
|---------------------------------|----------|
| Date of Application:            | _____    |
| Date Construction to Begin:     | _____    |
| Approx. Date of Completion:     | _____    |
| Permit Number:                  | _____    |
| <b>Fee for Building Permit:</b> | \$ _____ |

**APPLICATION FOR DEMOLITION PERMIT**

Construction Type: *(Please select one)*  Residential  Commercial

Type of Demolition: *(Please select one)*  Garage / Shed  Fence

Property Owner Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Property Address: \_\_\_\_\_

Sub-Division: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Lot Size \_\_\_\_\_ x \_\_\_\_\_ Building Size \_\_\_\_\_ x \_\_\_\_\_ Building Height \_\_\_\_\_ x \_\_\_\_\_

Foundation Type: \_\_\_\_\_ Property Zoned as: \_\_\_\_\_

Basement:  Yes  No

Have the Utilities (electric, gas, water) been shut off/removed by Ameren and/or City Public Works Department?

Yes  No

Have the sewer lines been capped and/or removed?  Yes  No

Has an Asbestos Inspection been done?  Yes  No

If so, date of Inspection \_\_\_\_\_ Abatement required?  Yes  No

Applicant / Contractor / Business Name: \_\_\_\_\_

Applicant / Contractor/ Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Insurance / Homeowners Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Approximate Cost of Construction: \$ \_\_\_\_\_ x 1% = \$ \_\_\_\_\_ = Charge for Permit**

Bond Required:  Yes  No Bond Amount \$ \_\_\_\_\_

**By signing this Demolition Application, I understand before any permit will be issued, the Application must be completed and the property inspected by the Zoning Officer. (Permit Fees are non-refundable)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date