



City of Galva
 311 N. W. 4th Avenue
 Galva, IL 61434
 Phone: (309) 932-2555
 Fax: (309) 932-3306
 www.galvail.gov

Demolition Permit

Date:

Fee Received:

Permit #:

Property Address:

Current Zone:

Applicant's Information

Name:

Company:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Owner's Information (If different from applicant)

Name:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Relationship of Applicant to Property (select one):

If "Other"
Explain:

Contrator's Information

Name:

Company:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

License #:

Project Manager's Name:

P.M.'s Mobile Number:

Proposed Start Date:

Proposed Completion Date:

Landfill Receiving Debris:

Type of Structure:

The demolition contractor must arrange for the following with the City Clerk's office :

1. Removal of any water meters prior to demolition
2. Water service must be excavated to the corporation's fitting at the main and turned off under the supervision of the Water Super.
3. "B" box must be removed and returned to the City.
4. Sanitary Sewer Service must be excavated, capped and cemented as required under the supervision of the Water Super.
5. All other utilities must be properly terminated: Septic & Wells, Gas & Electric, Cable.
6. All the above must be completed and approved by the Superintendent of Streets before demolition begins.
7. This permit is good for thirty days.

By signing below, the contractor certifies that he/she is properly licensed for demolition work in the State of Illinois and that all required federal, state and local permits have been obtained. The contractor further certifies that all refrigerants have been properly recovered, if any, and the \$100.00 permit fee has been submitted.

Signature of Applicant:

Signature of Contractor:

Date:

Date:

Authorization to Proceed
(Street Superintendent):

Date: