



City of West Chicago

Community Development Department
475 Main Street, West Chicago, IL 60185
Phone: (630) 293-2200 x 131 / Fax: (630) 293-1257

Permit Number: _____

Date Received: ____ / ____ / ____

Permit Fee: \$ _____

Approved: _____

FOR OFFICIAL USE ONLY

APPLICATION FOR DEMOLITION PERMIT

(Project Address)

(Subdivision)

(Zoning)

(Lot Number)

(P.I.N.)

(Property Owner)

(Phone)

(Address)

(Applicant)

(Phone)

(Address)

(Contractor)

(Address)

(Phone)

TYPE OF STRUCTURE TO BE DEMOLISHED:

_____ Single family (detached).

_____ Townhouse

_____ Commercial

_____ Industrial

_____ Other: _____

ESTIMATED TOTAL COST OF PROJECT: \$ _____

STATEMENT OF APPLICANT:

I hereby certify that the above statements are true and accurate, agree to comply with the provisions of the Ordinances of the City of West Chicago, summary attached, and, affirm that I am authorized by the owner of record to make this application, as his/her agent, for the proposed work.

(Signature of Applicant)

(Print Name)

(Date)

_____/_____/_____
(Date)

DEMOLITION PERMIT PROCEDURES

- (1) Along with a completed permit application, the following information is required:
 - a. CONFIRMATION OF UTILITY DISCONNECTION affidavit certifying that the respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.
 - b. Executed copy of the DuPage County Health Department site evaluation permit.
 - c. CONFIRMATION OF SEWER AND WATER DISCONNECTION form, from separate sewer & water disconnection permit, signed by city inspector indicating the disconnection is complete and approved (form attached).
 - d. A survey or plot plan showing the buildings or structures to be demolished and the buildings or structures to remain.
 - e. A Phase I environmental report for demolition of commercial and industrial structures.
 - f. Cash, certified check, irrevocable letter of credit or some other approved surety instrument from a company authorized by the Department of Insurance to sell sureties in Illinois in an amount equal to one hundred twenty-five (125) percent of the cost of demolition, as determined by a written estimate from the contractor and/or the building official.

- (2) Written notice shall be given to the owners of adjoining lots and to the owners of wired or other facilities, of which the temporary removal of any service is necessitated by the proposed work, before demolition of a building or structure may begin.

- (3) The premises shall be maintained free from all unsafe or hazardous conditions by the proper regulation of the lot, including temporary fencing or other measures, restoration of established grades and planting vegetation as detailed herewith, and the erection of the necessary retaining walls and fences.

- (4) If a building permit for reconstruction has not been approved, the vacant lot shall be filled, graded and maintained in conformity to the established elevation of the street grade at curb level nearest to the point of demolition. Provision shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property.

- (5) Any foundations, footings or other below ground structures must be removed or pulverized into acceptable fill. Concrete containing metal reinforcement shall not be used as fill. Any basements or trenches must be filled with approved material.

- (6) All waste materials shall be removed in a timely manner so as to prevent injury or damage to persons, adjoining properties and public rights-of-way.

- (7) Black topsoil shall be spread four (4) inches deep over the entire surface of the building site; and the soil shall be seeded for grass or sodded within thirty (30) days of demolition or the commencement of seasonable weather. Once seeded or sodded, the grass shall be maintained. If seeding, appropriate erosion control measures must be taken until such seed is established as approved by the building official.

- (8) Demolition must include the removal of all foundations, septic tanks, stoops, slabs, private sidewalks, driveways and any other abandoned structures.

USEFUL PHONE NUMBERS

Utility Department Superintendent	630-293-2255
Street Department	630-293-2250
NiCor	888-642-6748
ComEd	800-334-7661
Cable	866-594-1234
AT&T	800-244-4444

Confirmation of Utility Disconnection for Demolition

CITY of WEST CHICAGO
Community Development Dept.
475 Main Street
West Chicago, IL 60185

PHONE:(630) 293-2200 x 131
FAX: (630) 293-1257



Property Address: _____

Parcel ID Number: _____

Instructions: Complete the information requested below for each utility having service to the structure proposed for demolition. The name and phone number requested below is that which the City may contact to confirm that each respective utility service has been properly disconnected. Written verification may be submitted in lieu of a name and phone number. Date and sign this form at the bottom listing your company name, address and phone number and return with a completed demolition permit application.

<p>ComEd</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Date: _____</p>	<p>Cable</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Date: _____</p>
<p>AT&T</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Date: _____</p>	<p>NiCor</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Date: _____</p>
<p>City Water & Sewer</p> <p>Attach processed 'CONFIRMATION OF CITY SEWER & WATER DISCONNECTION' form from City of West Chicago – Utilities Division.</p>	<p>Well & Septic</p> <p>Attach processed 'SITE EVALUATION APPLICATION for BUILDING DEMOLITION' form from DuPage County Health Department.</p>

By signing and dating this document, I hereby certify that all the appropriate utility companies listed above have been notified of the proposed demolition at the above referenced property and that all respective utility services will be properly disconnected, inspected and approved before actual demolition of the structure begins. The names and phone numbers listed above may be contacted in order to confirm this certification.

Name Phone

Company Address

Date

City of West Chicago
Engineering/Building Department/Water Utility Division
Water Usage Survey

New Building

Date: _____

Existing Building

BUILDING OWNER: _____

BUILDING TENANT & BUSINESS NAME: _____

ADDRESS: _____

PERMANENT PARCEL NO: _____

CONTACT NAME: _____ CONTACT NO: _____

Is there a private well located on this property? **Yes** **No**

If marked yes, please complete the attached DuPage County Health Department Public Water Connection Information Sheet

Is the well currently in use? **Yes** **No**

If marked no, has well been properly sealed or capped? **Yes** **No**

If well has been sealed or capped, please attach a copy of all pertinent documentation to support this work.

POTABLE WATER USED FOR:	(Please check all that apply)	
Domestic Use	_____	Food Preparation
Metal Plating	_____	Photo Laboratory
Radioactive Materials	_____	Beverage
Car Washing	_____	Processing
Food Processing	_____	Mixing Chemicals
Heating/Cooling Systems	_____	Laboratory/Analysis
Irrigation Systems	_____	Machine Cooling
Laundry or Dry Cleaning	_____	Health Care
Petroleum processing/storage	_____	Fire Protection
Mixing pesticide, herbicide or fertilizer	_____	Mortuary Use
		Other (please explain below)

IF DOMESTIC IS THE ONLY LINE CHECKED, PLEASE SIGN BELOW.

I hereby certify that all information above is accurate and that all connections to the potable water supply system are for domestic use only and will be protected from backflow and cross connection hazards.

Signature: _____ Date: _____

IF OTHER THAN DOMESTIC IS CHECKED ABOVE, PLEASE PROCEED TO NEXT SECTION.

IF OTHER THAN DOMESTIC IS CHECKED IN PREVIOUS SECTION, A LICENSED PLUMBER ALSO LICENSED IN BACKFLOW PREVENTION AND CROSS CONNECTION CONTROL MUST CONDUCT A SITE INSPECTION AND COMPLETE THIS SECTION.

PLUMBING SITE INSPECTION CHECKLIST

Vacuum Breakers, Anti-Siphon	_____	Double Check Valve with Atmospheric Vent	_____
Vacuum Breakers, Hose Connection	_____	Reduce Pressure Zone Device	_____
Double Check Valve Assembly	_____	Fixed Air Gap	_____
Dual Check Valve	_____	Anti-Siphon Self-Draining Frost Proof Sillcocks	_____
Vacuum Breakers, Pressure Type	_____		

Comments: _____

I hereby certify that all items related to backflow and to cross connection control have been inspected, tested, or replaced and are in satisfactory condition.

Cross Connection Inspector: _____
Signature Date

Company Name: _____ Plumbing License # _____