

APPLICATION FOR DEMOLITION PERMIT

CITY OF LEBANON
 312 W. ST. LOUIS STREET
 LEBANON, IL 62254
 (618)537-4976
 (618)537-8377 (Fax)

DATE:	FEE:	PERMIT #:
Permanent Index Number of Property:		

Address of Building or Structure to be Demolished:

Type of Building or Structure:

Applicant(s) Name(s):		Home Phone:
Contact E-Mail Address:		Cell Phone:
Applicant(s) Address:		Fax:
City:	State:	Zip Code:

Property Owner Information (If Different than Applicant)

Owner(s) Name(s):	Telephone:
Owner(s) Address:	

Demolition Contractor Information

Demolition Contractor:	Telephone:
Contractor Address:	

Utility Notifications and Disconnections

Type	Date of Notice to Utility	Date of Disconnection And Capping, Plugging, or Sealing	Date of inspection by utility service, and result of inspection
Water			
Sewer			
Electricity			
Gas			

Hazardous Materials

Does the building or structure contain asbestos? _____ Yes _____ No. If the answer is "Yes," state in what form and in what location the asbestos is present: _____

Does the building or structure contain other hazardous materials? _____ Yes _____ No. If the answer is "Yes," state in what forms and in what locations the hazardous materials are present within or on the building or structure:

Asbestos remediation:

Describe the remediation required, to deal with asbestos content:

After completion of asbestos remediation work, a report – by a qualified inspector of such work – must be provided to the City of Lebanon, indicating the *successful* completion of that work in accordance with all applicable statutes and regulations.

Adjacent Property Owner Information

Name of Owner:	Address:
Name of Owner:	Name of Owner:
Name of Owner:	Name of Owner:
Name of Owner:	Name of Owner:

Applicant Signature:	Date:
Owner Signature (If Applicable):	Date: