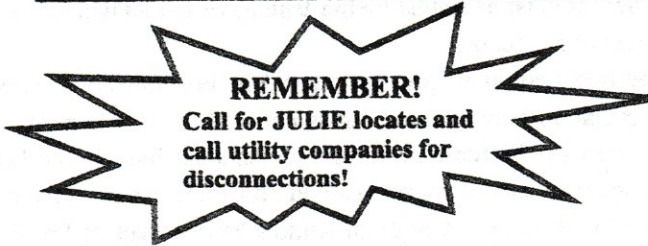


VILLAGE OF GRAND RIDGE
130 W. Main Street
Grand Ridge, IL 61325
815-249-6462

APPLICATION FOR A DEMOLITION PERMIT



Contractor Name: _____ Phone #: _____

Address, City, State, Zip: _____

Contact Person: _____ Email: _____

Property Owner Name: _____

Address, City, State, Zip: _____

Phone #: _____ Email: _____

Demolition Type: House Garage Commercial Other _____

Demolition Site Address: _____

PIN (Property Tax ID No.): _____

Legal Description: _____

Lot Size (square feet): _____

Demolition Start Date: _____ Demolition to be complete by: _____

Location where demolition debris will be deposited: _____

1. I have read and agree to comply with the Demolition Regulations stated on page 2 of this application form.
2. I understand and agree fences or protective barricades or both will be installed to prevent persons from injuring themselves at the demolition site.
3. I agree to indemnify and hold harmless the Village of Grand Ridge and its officers, employees, and agents from and against any and all claims, suits, damages, costs, losses, and expenses in any manner resulting from or arising out of performance of this demolition work and disposal by the applicant or the property owner represented by the applicant.
4. I affirm the information stated in this application is true and correct.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Permit Issued by: _____ Date: _____

Fee Received: _____ Permit #: _____

Insurance Certificate Received: _____ Bond Posted: _____

Utility Disconnections Confirmed: _____

Do Not Issue Permit Until All Requirements Met