



**CITY OF EFFINGHAM, ILLINOIS
DEMOLITION PERMIT APPLICATION WORKSHEET**

ADDRESS OF PROPERTY: _____
(Location of construction work)

LEGAL DESCRIPTION: _____
(Subdivision Name OR Section, Township & Range #)

Between: Lot # _____ Block # _____ Lot Size _____
and _____

Estimated Cost: _____

TYPE OF CONSTRUCTION:
Other: _____

Have utility owners been contacted?

Gas: Yes No **Sewer:** Yes No

Electric: Yes No **Water:** Yes No

DETAILS: **Zoning:** _____

Last use of structure: **Residential** **Commercial** **Industrial**
Other: _____

No. of Stories: _____ **Dimensions of Structure:** _____

Total Sq. Ft. of finished floor (not including unfinished basements or garage) _____

Basement: Yes No **Height from grade to peak of roof** _____

If multifamily residence number of units: _____

Residential: # of Bedrooms _____; **# of Bathrooms, full** _____, **partial** _____

Any Accessory Buildings? Yes No

Size: _____

Use (Garage/Shed): _____

NAME OF OWNER: _____

Address _____ **City, State** _____

Phone _____ **Email** _____

NAME OF CONTRACTOR: _____

Address _____ **City, State** _____

Phone _____ **Email** _____

NAME OF ARCHITECT OR ENGINEER: _____

Address _____ **City, State** _____

Phone _____ **Email** _____

DATE: _____

Signature of Applicant

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

**Office of the Building Official, City of Effingham
201 E. JEFFERSON AVENUE, P.O. BOX 648, EFFINGHAM, IL 62401
PHONE: (217) 342-5300 x 3 jbudde@effinghamil.com**