



VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING

DEMO PERMIT APPLICATION

INSTRUCTIONS

Section 1 and Section 6 to be completed by Owner or Authorized Agent. Please note that if your property is in a subdivision, the covenants and restrictions of that subdivision should be consulted to ensure your project is in compliance. Covenants and restrictions for subdivisions can be obtained from the Kankakee County Recorder of Deeds Office. The Building & Zoning Department does not enforce subdivision covenants and restrictions.

If the project is for an agricultural purpose on property principally used for agriculture as defined by ILCS/55 - 12000, form AG-001-17 must accompany this application to receive the agricultural exemption benefits.

Section 4: The owner or authorized agent must sign the application.

REGULATIONS

1. Demolition debris must be removed from the site and disposed of in a proper manner. Burning and open dumping is strictly prohibited.
2. Asbestos Containing Material Affidavit will be required for single family dwelling and commercial structures.
3. Commercial structures must also fill out Notification form from the State of Illinois. The State of Illinois Asbestos Project Notification Form can be found at www.iencconnect.com/enviro
4. If the property will not be rebuilt on and has a septic and well, the well will need to be capped and the septic tank crushed. Will need Health Department Referral.

SUBMITTAL REQUIREMENTS

1. Plot plan showing the structures to be demoed.
2. Asbestos Containing Material Affidavit if required
3. Demo permit application
4. Contractor List



VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING

ASBESTOS CONTAINING MATERIAL AFFIDAVIT

OWNER: _____

ADDRESS: _____

PIN: _____

PERMIT: _____

I, the undersigned, acknowledge that the attached permit application is pursuant to Kankakee County Building Codes.

I agree to comply with the complete statutory and regulatory requirements found in the Illinois Environmental Protection Act 415 ILCS 5/8 et seq. and Title 35 of the Illinois Administrative Code of Regulations.

I further agree to comply with the National Emission Standards for Hazardous Air Pollutant (NESHAP) regulations.

I further realize that it is my responsibility to determine if asbestos is present. In the event asbestos is present, if applicable, I shall comply with the Asbestos School Hazard Act and Commercial and Public Buildings Asbestos Abatement Act administered by the Illinois Environmental Protection Agency. The State of Illinois Asbestos Project Notification Form can be found at www.iencconnect.com/enviro

I recognize that the failure to comply with the above requirements shall render any permit issued by the County null and void and without any further effect. I also recognize as Owner, should any permit be deemed null and void I am obligated under the laws and ordinances of Kankakee County to immediately cease and desist activity and/or remove all improvements, erected, built, constructed or relocated by virtue of the permit at my own expense.

OWNER/CONTRACTOR

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public



**VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING
DEMO PERMIT APPLICATION**

Date Received: _____ Add-On: Date of Add-On: _____
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

Applicant to complete this section:

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Current Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Will the homeowner be performing the work themselves? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Signed Contract (Attach): _____ Total Value: _____
Material: _____ Labor: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge.

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: Denied:

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

Permit# _____

Owners Name: _____ Type of Construction: _____

If the contractor's list should change at any time during the project, a revised list shall be submitted to the Building & Zoning Department.

| | |
|-------------------|--|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |

| | |
|-------------------|--|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |

| | |
|-------------------|--|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |

| | |
|-------------------|--|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |

| | |
|------------------------------|--|
| Roofing: _____ | License # _____ |
| Address: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |
| State License #: 104- | Expiration _____ |

| | |
|-----------------------------------|--|
| Plumbing: _____ | License # _____ |
| Address: _____ | Signed Aff. ___ Yes ___ No _____ |
| Phone #: _____ | Gen. Lib. ___ Yes ___ No _____ |
| | Work Comp ___ Yes ___ No _____ |
| | Bond ___ Yes ___ No _____ |
| State License #: 058- | Expiration: _____ |
| State Registration #: 055- | Expiration: _____ |

Date Received: _____ Date Approved: _____ Approved By: _____