



DEMOLITION INFORMATION FORM 2024

Owner: _____

Address of Property: _____

City, State: _____

Applicant/Contact Name: _____

Phone Number : _____

Please complete the following information:

1. List the type & number of structures proposed to be demolished. All structures must be shown & identified on the site plan. Mark each building on the site plan with an "X"

Residential Use Buildings:

_____ Single-family residence

Type of foundation: _____
_____ Basement _____ Crawl Space
_____ Slab

_____ Detached Accessory Building

_____ Deck

_____ Other

_____ Above-ground pool

_____ In-ground pool

Non-Residential Use Buildings

_____ Commercial building

Type of foundation: _____
_____ Basement _____ Crawl Space
_____ Slab

_____ Utility structure (tower, etc.)

Type of foundation: _____

Foundation depth: _____

Agricultural use buildings:

_____ Barn _____ Silo _____ Other

2. Is the structure designated as a historic landmark, in a historic district or a rustic road corridor? Yes _____ No _____ Not sure _____

3. Is the demolition of the structure to occur prior to construction of a proposed new structure or after the construction of a proposed new structure?

(Note: additional permits are required and the approval of a demolition permit does not constitute an approval for any new proposed use or construction)

_____The structure(s) proposed to be demolished are not proposed to be replaced by any new structures at this time.

_____The structure(s) proposed to be demolished are proposed to be replaced by new structures after the demolition has been completed.

_____The structure(s) proposed to be demolished are proposed to be replaced by new structures prior to demolishing the existing structure(s). The applicant understands that the existing structure must be demolished within 30 days of the final inspection for the proposed new structure.

4. Indicate if any of the following utilities are present at the site:

- | | |
|-----------------|-------------------------------|
| _____ Electric | _____ Natural Gas |
| _____ Telephone | _____ Propane gas |
| _____ Cable TV | _____ Above-ground fuel tanks |
| | _____ Below-ground fuel tanks |

5. List water and sanitary disposal information: Please check the appropriate items and indicate each on site plan. Additional permits are required and must be obtained from the Kane County Health Department, sanitary district, water district or municipality for removal or disconnection. **Permits must be obtained prior to demolition application.**

WATER SUPPLY

- _____ no well or water connection
_____ existing well to be capped and sealed
_____ existing well to remain
_____ existing connection to water supply to be disconnected
_____ existing connection to water supply to remain

SANITARY DISPOSAL

- _____ no septic system or sanitary connection
_____ existing septic to be pumped, crushed and/or removed
_____ existing septic to remain
_____ existing connection to sanitary sewer to be disconnected
_____ existing connection to sanitary sewer to remain

REQUIRED SUBMITTALS AT TIME OF APPLICATION:

1. Building Permit Application
2. Plat of survey indicating the location of the building(s) to be demolished (mark with an "X")
3. Demolition Information form
4. Written approval from the appropriate agencies regarding disconnection & capping of utilities (gas, electric, phone, cable TV, fuel tanks)

REQUIREMENTS PRIOR TO DEMOLITION:

The applicant is required to comply with all Federal and State laws and standards for the proper identification and disposal of waste and hazardous materials. All demolition work shall meet the requirements set forth in Article 3- Erosion and Sediment Control contained in the Kane County Stormwater Ordinance. If demolition will disturb an area greater than 5,000sf, a Kane County Stormwater Permit will be required. Existing drainage patterns shall be maintained during demolition. Drainage easements and overland flow paths shall be kept clear of debris. Post-demolition grading shall provide positive drainage on the site and maintain pre-demolition drainage patterns.

FINAL INSPECTION: The owner or applicant shall notify the County when restoration work has been completed and schedule the final inspection.

APPLICANT CERTIFICATION:

The below signed hereby represents that the following information is accurate to the best of their knowledge and will notify Kane county and/or all applicable agencies if conditions other than represented are encountered during demolition. I also represent that the demolition requirements will be complied with.

Signature of applicant/owner: _____

Print name: _____

Date: _____