



# Demolition Permit Application

15440 SOUTH CENTRAL AVENUE, OAK FOREST, ILLINOIS 60452-2195  
 708.444.4818 ▪ FAX 708.687.1179 ▪ WWW.OAK-FOREST.ORG  
 EMAIL COMPLETED FORM TO: CLARSON@OAK-FOREST.ORG

DATE ISSUED:		PERMIT #	EXPIRATION DATE:
TYPE OF STRUCTURE(S) TO BE DEMOLISHED:			
OWNER INFORMATION			
OWNER'S NAME		PHONE	
JOBSITE ADDRESS		PIN# _____ - 0000	
LOT	BLOCK	SUBDIVISON	BREMEN TOWNSHIP
CONTRACTOR INFORMATION			
<i>*NOTE - All trades &amp; subcontractors must be registered by the City prior to issuance of this Permit.</i>			
CONTRACTOR		CONTACT PERSON	
ADDRESS		CITY/ZIP	
OFFICE PHONE		CELL	

**DEMOLITION CHECKLIST** County Permit # \_\_\_\_\_ (Attach Copy)

	Date Removed or Disconnected		Date Removed or Disconnected
ComEd (1-800-334-7661)	_____	AT & T (1-800-480-8088)	_____
Nicor Gas (1-888-642-6748)	_____	WOW/ComCast Cable Co.	_____
Public Works (708-535-4090)	_____		

***I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all work shall be completed in compliance with the City of Oak Forest Codes and Ordinances and the statutes of the State of Illinois.***

\_\_\_\_\_  
*Applicant Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Building Official* \_\_\_\_\_  
*Date*

REQUIRED FEES – OFFICE USE ONLY			
(FEES MUST BE PAID IN FULL PRIOR TO THE ISSUANCE OF THIS PERMIT)			
PERMIT FEE	\$ _____	PAYMENT TYPE: CK# _____	CASH
INSPECTION FEES	\$ _____		CREDIT
TOTAL DUE	\$ _____	DATE PAID:	
CONDITIONS:			