



# CITY OF WEST FRANKFORT



110 North Jefferson Street  
West Frankfort, IL 62896  
(618) 932-3262 • Fax (618) 937-2512  
www.westfrankfort-il.com

## PERMIT TO DEMOLISH PROPERTY

Date: \_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of West Frankfort, Illinois, does hereby grant permission to demolish the following property, namely;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Located at or near

\_\_\_\_\_  
\_\_\_\_\_

Within the corporate limits of the City of West Frankfort, Franklin County, Illinois.

**\*\*NOTE\*\*** Before a structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. **NO PERMIT TO DEMOLISH SHALL BE ISSUED UNTIL A WRITTEN RELEASE IS OBTAINED FROM THE UTILITIES, STATING THAT THEIR RESPECTIVE SERVICE CONNECTIONS AND APPURTENANT EQUIPMENT, SUCH AS METERS AND REGULATORS, HAVE BEEN REMOVED OR SEALED AND PLUGGED IN A SAFE MANNER.**

**\*\*See reverse for releases.**

\_\_\_\_\_  
Ed Hammons, Code Officer

**THIS PERMIT SHALL EXPIRE 60 DAYS FROM THE ISSUE DATE**

**RELEASE FOR SEWER SERVICE:**

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Sewer Superintendent or Representative

Date

**RELEASE FOR WATER SERVICE:**

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Water Superintendent or representative

Date

**RELEASE FOR NATURAL GAS AND ELECTRIC SERVICE:**

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Authorized Official of Utility Company

Date

FOR A FINAL APPROVAL ON THE SEWER SERVICE IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO UNCOVER THE SEWER LINE THEN CALL THE SEWER SUPERINTENDENT OR HIS REPRESENTATIVE (937-3079) OR 937-2031) TO INSPECT THE LINE. THEN IT IS THE CONTRACTOR'S RESPONSIBILITY TO CAP OFF THE SEWER LINE.

IT IS ALSO THE RESPONSIBILITY OF THE CURRENT OWNER OR CONTRACTOR (PER CONTRACT AGREEMENT) TO COMPLY WITH EPA REGULATIONS FOR LEAD PAINT AND ASBESTOS REMOVAL FROM A STATE LICENSED INSPECTOR.