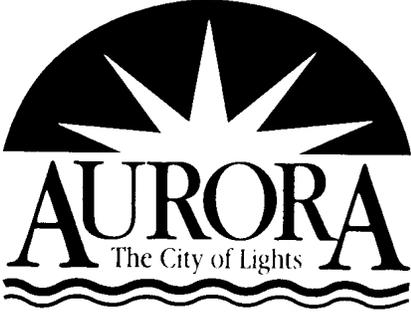


**SFSD – SINGLE FAMILY NON-STRUCTURAL SELECTIVE DEMOLITION
FOR UNOCCUPIED STRUCTURES - APPLICATION FORM**

FOR OFFICIAL USE ONLY	TOTAL FEE _____	 <p>DIVISION OF BUILDING & PERMITS 65 WATER STREET AURORA, ILLINOIS 60505</p>
PERMIT APPLICATION NO	_____	
1 —	BLDG _____	
_____	PLRV _____	
SUBMITTED _____	APP FEE _____	
NOTIFIED _____	_____	
ZONING _____	WEB www.aurora-il.org	
_____	FAX (630) 256-3139	
_____	TELEPHONE (630) 256-3130	

LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

COUNTY	<input type="checkbox"/> KANE	<input type="checkbox"/> DuPAGE	TOWNSHIP 11 12 04	TOWNSHIP SECTION # _____
(CHECK ONE)	<input type="checkbox"/> KENDALL	<input type="checkbox"/> WILL	(CIRCLE ONE) 14 15 07	
(Call tax assessor's office with questions)			03 01	BLOCK # (if known) _____ LOT# (if known) _____

PROPERTY OWNER _____	PHONE # () _____
OWNER'S ADDRESS _____	FAX # () _____
_____	E MAIL _____

ZONING / DEMOGRAPHICS INFORMATION

Dwelling Type Detached Two Family Townhouse

Number of Bedrooms in This Unit _____

Number of Dwelling Units in Building _____

Under Grade Improvements Slab Crawlspace Basement

Garage Improvements Attached Detached

Governmental Financing or Grants for Project Yes No

TOTAL COST OF DEMOLITION \$ _____

TYPES OF TRADE WORK INVOLVED

ELECTRICAL INFORMATION		
Is Electrical Work being performed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ELECTRIC SERVICE SIZE _____ AMPS	<input type="checkbox"/> EXISTING	
# OF CIRCUITS _____	<input type="checkbox"/> NO CHANGE	
PLUMBING INFORMATION		
Is Plumbing Work being performed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOMESTIC WATER SERVICE SIZE _____ " φ	<input type="checkbox"/> EXISTING	
PLUMBING FIXTURE UNITS _____	<input type="checkbox"/> NO CHANGE	
MECHANICAL INFORMATION		
Is Mechanical Work being performed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AIR CONDITIONING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYPE OF HEAT SYSTEM _____		

CONTRACTOR REGISTRATION INFORMATION

<p>GENERAL CONTRACTOR (Check primary contact) <input type="checkbox"/></p> <p>CITY OF AURORA G.C. REGISTRATION.# _____</p> <hr/> <p>BUSINESS NAME _____</p> <p>CONTACT NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>N/A <input type="checkbox"/> PHONE () _____ - _____</p> <p>FAX () _____ - _____</p> <p>E-MAIL _____</p>	<p>PLUMBING CONTRACTOR (primary contact) <input type="checkbox"/></p> <p>CITY OF AURORA PLUMBING REGISTRATION # _____</p> <hr/> <p>BUSINESS NAME _____</p> <p>CONTACT NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>N/A <input type="checkbox"/> PHONE () _____ - _____</p> <p>FAX () _____ - _____</p> <p>E-MAIL _____</p>
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CERTIFICATION

This is an application only. Completion of this application does NOT entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not obviate the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property.

I the owner of the property acknowledge that my use of this selective demolition permit denotes my acceptance of the following stipulations:

1. This structure is **unoccupied and vacant**
2. No **structural demolition** is permitted
3. Issuance of this permit will result in the **loss of this structure certificate of occupancy**
4. I understand that this lack of certificate of occupancy **will require that a remodeling permit be issued** and that all required inspections must be passed prior to a new certificate of occupancy being issued and that occupancy of this structure shall not occur until the new certificate of occupancy is issued.

OWNER _____
(PRINT)

OWNER _____
(SIGNATURE)

BUILDING INFORMATION

NUMBER OF STORIES ABOVE BASEMENT _____ STORIES
 IS BASEMENT A STORY ABOVE GRADE YES NO
 FIRE SEPARATION DISTANCE _____ FT

UNIT SEPARATION
TWO FAMILY One hour rating - UL test details provided YES N / A
TOWNHOUSE Two hour rating - UL test details provided YES N / A

[Permit Fees are a function construction cost for remodeling areas, provide all information]

BUILDING AREA

SF PRINCIPAL-REMODELED _____ SF
 SF BASEMENT / CRAWL _____ SF
TOTAL _____ SF

BUILDING COST

REMODELED \$ _____
 BASEMENT / CRAWL \$ _____
TOTAL \$ _____

DESCRIPTION OF CONSTRUCTION WORK
