

VILLAGE OF FORSYTH

301 S. Route 51
Forsyth, IL 62535
Phone: (217) 877-9445 / Fax: (217) 877-9863



Application for Demolition Permit

Office use only
Permit No. _____

Date: _____

Site Address: _____

Property Type: _____

Please include a description of the subject property attached to this document.

The Applicant is: Owner Contractor Architect/Engineer

Property Owner

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Contractor

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Work shall be commenced within 90 days after the date a permit is issued, failing which the permit shall be void.

Applicant's Signature

Date

Applicant's Address

Approved by: Building Inspector

Date