APPLICATION FOR DEMOLITION PERMIT
CITY OF TRENTON
14 WEST BROADWAY
TRENTON, IL 62293
(618) 224-7323
(618) 224-9136 FAX

DATE:	**FEE:**	**PERMIT #:**

Applicant(s) Name(s):		**Home Phone:**
Contact E-Mail Address:		**Cell Phone:**
Applicant(s) Address:		**Fax:**
City:	**State:**	**Zip Code:**
Address of Building to be Demolished:		
Type of Building:		
Property Owner Information (If Different than Applicant)		
Owner(s) Name(s):		**Telephone:**
Owner(s) Address:		
Demolition Contractor Information		
Demolition Contractor:		**Telephone:**
Contractor Address:		

Utility Notification			
Electric:	**Disconnection Date:**	**Gas:**	**Disconnection Date:**
Water:	**Disconnection Date:**	**Sewer:**	**Disconnection Date:**
Asbestos:	**Abatement Date:**	**Other:**	**Date Notified:**

Adjacent Property Owner Information	
Name of Owner:	**Address:**
Name of Owner:	**Address:**
Name of Owner:	**Address:**
Name of Owner:	**Address:**

Applicant Signature:	**Date:**
Owner Signature (If Applicable):	**Date:**