



"Growth with Pride"

# Village of Bloomingdale

**Franco A. Coladipietro**  
Village President

**Jane E. Michelotti**  
Village Clerk

**January 1, 2012**

## BLOOMINGDALE BUILDING & ZONING DIVISION

### Information Required to Obtain a Demolition Permit or a House Moving Permit

1. **Bond Required** – Before any permit is granted to wreck or to move a building or structure for which a permit is required, the person, firm or corporation engaged in the work of wrecking or moving the building or structure shall be licensed and shall file with the Building & Zoning Division a bond in the penal sum of \$10,000.00 with sureties to be approved by the Building Commissioner, to indemnify, keep and save harmless the Village of Bloomingdale against any loss, cost, damage, expense, judgement, or liability of any kind whatsoever the Village may suffer, or which may accrue against, be charged or be recovered from said Village, or any of its officials from or by reason or on account of accidents to persons or property during any such wrecking operations or moving operations and from or by reason or on account of anything done under or by virtue of any permit granted for any such wrecking operations or any such moving operation. Such bond in each case shall extend over the period of and cover all such wrecking or such moving operation.
2. **Certificate of Insurance** – Valid certificate of insurance must be submitted specific to demolition location.
3. **Vector/Vermin Report** – Prior to issuing such building permit to the applicant, the applicant shall submit written evidence to the Building Commissioner of the Village of Bloomingdale showing that the property for which such permit is to be issued has been inspected and treated for vectors and vermin by a person or persons duly qualified and licensed as exterminators in vermin and pest control.

The inspection and treatment referred to in the paragraph above shall be made and conducted within forty-five (45) days preceding the date of such application for such building permit.

4. **Permit Application** – Completed permit application with all necessary licenses and certificates of insurance submitted.
5. **Permit Fee** – Upon execution of this bond and deposit and the payment of the permit fee of \$100.00 plus \$5.00 per 1,000 square feet, the Building Commissioner shall issue a permit and in the case of house moving shall state specifically thereon the route to be taken. No variation from such route shall be permitted, except in cases of extreme emergency.

### INSPECTION REQUIREMENTS:

#### **Asbestos Inspection:**

- 1.1. **Commercial Demolition:** Prior to issuance of permit, it is required that the Village of Bloomingdale be provided a certified inspection report from an Illinois-licensed Asbestos Inspector certifying that the property is cleared of all asbestos hazards before commencing demolition.
- 1.2. **Residential Demolition:** Prior to issuance of permit, it is required that the Village of Bloomingdale be provided a certified inspection report from an Illinois-licensed Asbestos Inspector certifying that the property is cleared of all asbestos hazards before commencing demolition.

**Hazardous Materials:** The Village of Bloomingdale shall be notified prior to moving or discarding any hazardous materials or substances found before or during demolition.

For any additional information, please contact the Building & Zoning Division at (630) 671 5660.



# APPLICATION FOR PERMIT

(Type or Print in Ink)

**VILLAGE OF BLOOMINGDALE**  
201 S. BLOOMINGDALE ROAD  
BLOOMINGDALE, IL 60108-1487  
(630) 671-5660 FAX: (630) 893-1596

IT WILL BE UNLAWFUL TO OCCUPY THE PREMISES STATED BELOW UNTIL FINAL INSPECTION HAS BEEN PERFORMED, APPROVED AND CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

PERMIT NO.
RECEIPT NO.
INSPECTOR

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

TYPE OF PERMIT: \_\_\_\_\_ CONSTRUCTION COST: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE# TO CONTACT WHEN PERMIT IS READY: \_\_\_\_\_

OWNER NAME (IF DIFFERENT THAN ABOVE): \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

OWNER ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

RESIDENTIAL  BUSINESS NAME/ TYPE OF BUSINESS: \_\_\_\_\_ SQUARE FT: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ PROPERTY ID #: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_

GEN'L CONTR: \_\_\_\_\_

CEMENT CONTR: \_\_\_\_\_

CARPENTER: \_\_\_\_\_

MASON: \_\_\_\_\_

PLUMBER: \_\_\_\_\_

NO OF FIXTURES: \_\_\_\_\_ OTHER: \_\_\_\_\_

ROOFER: \_\_\_\_\_

ELEC. CONTR: \_\_\_\_\_

\_\_\_\_\_ AMP SERVICE \_\_\_\_\_ # OF ONE POLE CIR \_\_\_\_\_ # OF TWO POLE CIR \_\_\_\_\_ # OF THREE POLE CIR

MECH. CONTR: \_\_\_\_\_

ELEV. CONTR: \_\_\_\_\_

FIRE PROT. CONT: \_\_\_\_\_

The undersigned hereby applies to the Village of Bloomingdale, Illinois for a permit herein described and if granted, the applicant shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required including any past due monies due to the Village, including, but not limited to any water and sewer rate charges associated with the above Address of Property. Permits are valid for 12 months, if construction has commenced and 6 months, if work has not been started. You may be subject to additional permit fees after expiration date to extend a permit. No error or omission in either the plans or application, whether or not the plans or application have been approved by the Building Official, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the Ordinances of this Village relating thereto.

**ANY BOND MONIES NOT RETURNABLE OR NOT REQUESTED FOR RETURN WITHIN ONE YEAR OF FINAL INSPECTION APPROVAL OR CERTIFICATE OF OCCUPANCY ISSUANCE WILL BE FORFEITED TO THE VILLAGE OF BLOOMINGDALE.**

\_\_\_\_\_  
SIGNATURE OF AGENT OR OWNER

PERMIT ISSUED BY \_\_\_\_\_  
BUILDING COMMISSIONER

\_\_\_\_\_  
PRINT NAME

DATE PERMIT ISSUED: \_\_\_\_\_

PERMIT FEES: \$ \_\_\_\_\_ PAID

PLAN REVIEW FEES: \$ \_\_\_\_\_ PAID

**\*\*24-HOUR NOTICE REQUIRED FOR ALL INSPECTIONS\*\***

**THE APPLICANT OF THIS PERMIT AGREES TO PAY ALL PLAN REVIEW FEES WHETHER THEY RECEIVE A PERMIT OR NOT.**



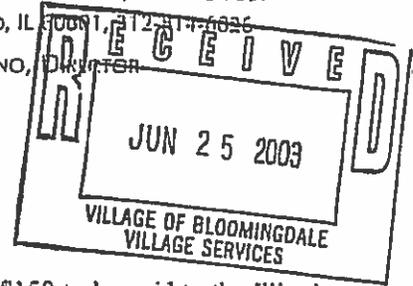
# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276, 217-782-3397  
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601, 312-814-6036

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

June 2003



Dear Sir or Madam:

The State of Illinois has recently passed new legislation requiring a fee of \$150 to be paid to the Illinois EPA with each initial 10-working day notice required to be filed to perform remediation or demolition of asbestos-containing structures as required by the federal asbestos National Emission Standard for Hazardous Air Pollutants. (See 415 ILCS 5/9.13, *Illinois Environmental Protection Act*) This fee is effective July 1, 2003, and all notices postmarked on or after July 1, 2003, are subject to this fee.

This fee is required for initial 10-working day notification filed with the Illinois EPA and includes regular notices, emergency notices, ordered demolitions, and annual notices. Revised and courtesy notices do not require a fee. The fee must be submitted, along with the notification, by company check, personal check or cashier's check. Cash or credit card will not be accepted. Make checks payable to Illinois EPA and make notation that it is for asbestos fees.

**Please note:** In the event that the fee payment is from an account with insufficient funds to cover the fee, the 10-working day notice shall be deemed improperly filed, and the owner or operator of the site is subject to enforcement for failure to properly file the initial 10-day notification.

The fee is doubled to \$300.00 if the demolition or renovation of a site has commenced without proper filing of the 10-working day notice. This additional fee does not preclude the Illinois EPA or Attorney General's Office from pursuing enforcement action against the owner or operator for failure to file the 10-working day notice or other violations of asbestos NESHAP or the Illinois Environmental Protection Act.

This legislation also prescribes where asbestos remediation or demolition activities have not been conducted in accordance with the asbestos NESHAP, the Agency may, in addition to the fee, collect its actual costs incurred for asbestos-related activities at the site, including sampling, sample analysis, remediation plan review and activity oversight.

If you have any questions, you may call me at (217) 557-2478.

Sincerely,

Dale Halford, Manager, Asbestos Unit  
Field Operations Section  
Bureau of Air

ROCKFORD - 4302 North Main Street, Rockford, IL 61103 - (815) 987-7760 • DES PLAINES - 9511 W. Harrison St., Des Plaines, IL 60016 - (815) 294-4000  
ELGIN - 595 South State, Elgin, IL 60123 - (815) 608-3131 • PEORIA - 5415 N. University St., Peoria, IL 61614 - (309) 693-5463  
BUREAU OF LAND - PEORIA - 7620 N. University St., Peoria, IL 61614 - (309) 693-5462 • CHAMPAIGN - 2125 South First Street, Champaign, IL 61820 - (217) 270-5000  
SPRINGFIELD - 4500 S. Sixth Street Rd., Springfield, IL 62706 - (217) 786-6192 • COLLINSVILLE - 2009 Mall Street, Collinsville, IL 62234 - (618) 346-5120  
MARION - 2309 W. Main St., Suite 116, Marion, IL 62959 - (618) 993-7200



REC. NO. \_\_\_\_\_

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794-9276

**THIS INFORMATION IS REQUIRED; NESHAP-40CFR-SUBPART M-61.145, Rev. Nov. 20, 1990****ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION**

1. TYPE OF NOTIFICATION (O-Original/R-Revised/C-Canceled):

2. TYPE OF OPERATION (R-Renovation/D-Demo/A-Annual/O-Ordered Demo/E-Emergency Renovation):

3. FACILITY DESCRIPTION (Building Name):

Address:

City:

County:

State:

ZIP:

Location of Asbestos Containing Material (ACM) in structure:

Bldg. Size:

# of Flrs.

Age:

Present Use:

Prior Use:

Future Use (Demo):

4. IS ASBESTOS PRESENT? Y N

5. WORK HOURS:\*

a.m.

p.m.

6. SCHEDULED DATE DEMOLITION:

Start:

Complete:

7. SCHEDULED DATE ASBESTOS REMOVAL:

Start:

Complete:

8. REGULATED ASBESTOS  
CONTAINING MATERIAL TO BE  
REMOVED (RACM):NONFRIABLE ASBESTOS NOT  
TO BE REMOVED (Demolition):NONFRIABLE ASBESTOS TO BE  
REMOVED:

CATEGORY I

CATEGORY II

CATEGORY I

CATEGORY II

Pipes (Ln. Ft.)

Surface Area (Sq. Ft.)

Volume (Cu. Ft.)

9. ASBESTOS REMOVAL CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

10. DEMOLITION CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

11. OWNER NAME:

Address:

City:

State, Zip:

Contact:

Phone:

12. WASTE TRANSPORTER:

Address:

City:

State, Zip:

Contact:

Phone:

13. WASTE DISPOSAL SITE:

Address:

City:

State, Zip:

Landfill Permit #:

Phone:

-AGENCY USE ONLY-

Date Received:

Input to ACTS:

To Region 1 2 3

Post Mark Date:

To Cook/City:

Champaign:

LaSalle:

Springfield:

Rockford:

Moline:

Marion:

14. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS.

ILLINOIS LICENSE NUMBER OF INSPECTOR:

NAME OF ANALYTICAL TESTING LABORATORY:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:

17. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y N (If Yes, a signed copy of Order must be attached.)

Governmental representative ordering the activity:

Title:

Date of Order:

Ordered Demolition Date:

18. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency:

Description of the Sudden, Unexpected Event (e.g. structure in danger of eminent collapse):

19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.

20. I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON-SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.

I CERTIFY THE ABOVE INFORMATION IS CORRECT. \_\_\_\_\_

Signature of Owner/Operator Date  
(Original Signature Only, Photocopy Not Valid)

A FILING FEE OF \$150 MUST BE PAID WITH EACH INITIAL 10-WORKING DAY NOTIFICATION REQUIRED BY THE ASBESTOS NESHAP. MAKE CHECKS PAYABLE TO ILLINOIS EPA AND MAKE NOTATION THAT IT IS FOR THE 10-WORKING DAY NOTIFICATION FEE. CASH AND CREDIT CARDS ARE NOT ACCEPTABLE. IF THE FEE IS NOT SUBMITTED WITH THE NOTIFICATION, THE NOTIFICATION WILL BE DEEMED IMPROPERLY FILED.

\*Not required under NESHAPS.

Mail this form to: IL Environmental Protection Agency, Attn: Asbestos Unit, P.O. Box 19276, Springfield, IL 62794-9276