



Village of Bloomingdale

201 S. Bloomingdale Road
Bloomingdale, IL 60108

COMMERCIAL AND RESIDENTIAL DEMOLITION PERMIT SUBMITTAL REQUIREMENTS

"Growth with Pride"

Building & Zoning Department

buildingandzoning@vil.bloomington.il.us

phone: (630) 671-5660

fax: (630) 893-1596

Village Hall Hours

Monday-Friday

8:30 am – 4:30 pm

Minimum Submittal Requirements:

1. Permit application.
2. \$10,000 surety bond.
3. Certificate of insurance (with the Village of Bloomingdale named as certificate holder).
4. Vector/Vermin Report - written evidence showing that the property has been inspected and treated for vectors and vermin by a licensed exterminator in vermin and pest control. The inspection and treatment shall be made and conducted within forty-five (45) days preceding the permit application date.
5. Asbestos Inspection Report – A certified inspection report from an Illinois licensed asbestos inspector certifying that the property is cleared of all asbestos hazards.

Inspection Requirements:

1. Final inspection required.

Hazardous Materials

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

Construction Requirements:

Installation shall comply with the 2021 International Code as amended and adopted by the Village Code Title 10, Chapter 2 (Commercial) or Chapter 3 (Residential).

**INSPECTIONS REQUIRE 24 HOUR NOTICE
APPLICANT IS RESPONSIBLE FOR SCHEDULING INSPECTIONS**



Village of Bloomingdale

201 S. Bloomingdale Rd.
Bloomingdale, IL 60108-1487

www.villageofbloomingdale.org

Village Hall Hours: Monday thru Friday 8:30AM – 4:30PM

Application For Permit

PERMIT NUMBER
PROPERTY ID NUMBER
ZONING DISTRICT
INSPECTOR

Growth with Pride

Building & Zoning Department

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

ADDRESS OF PROPERTY: _____ DATE: _____

APPLICANT NAME: _____ APP. PHONE: _____

RESIDENT/BUSINESS NAME (IF DIFF. FROM ABOVE): _____ PHONE: _____

RESIDENT/BUSINESS ADDRESS (IF DIFFERENT THAN ABOVE): _____

PHONE # TO CONTACT WHEN PERMIT READY: _____

CONTACT EMAIL: _____

TYPE OF PERMIT: _____ CONSTRUCTION COST: \$ _____

RESIDENTIAL BUSINESS INDUSTRIAL/MANUFACTURING; BUILDING OR STRUCTURE SQUARE FEET: _____

CONTRACTOR NAME: _____ ADDRESS: _____ PHONE: _____

ARCHITECT: _____

GEN'L CONTR: _____

CONCRETE CONTR: _____

CARPENTER: _____

MASON: _____

PLUMBER: _____

ROOFER: _____

ELEC. CONTR: _____

MECH./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

PERMIT FEES: \$ _____ PAID

PLAN REVIEW FEES: \$ _____ PAID

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

THE APPLICANT AGREES TO PAY ALL PLAN REVIEW FEES UPON PERMIT SUBMITTAL. FEES PAID ARE NON-REFUNDABLE.