Jennifer Gomric Minton

St. Clair County Assessor's Office

Demolition Affidavit

Property Owner's Name:			
Site Address:			
	:		
Contact Number: (_)		
Date of Demolition:			
Description of Real	Property Demolished: _		
Please attach the fo	llowing to verify the dat	e of demolition:	
2) Permit – if y	- if your demolition is d	ole. equires a permit before demolition ue to fire, please submit the repor	
	s true, correct, and com		
Signature of applica	nt	Date (month, day, year)	
			ssor
Or E moil to Kathi Johns	on at kathi iahnsan@ee st	edoir il us	
L-mail to Katni Johns	on at <u>kathi.johnson@co.st</u>	<u>-ciaif.ii.us</u>	

If you have any questions, please call Kathi at 618-825-2508.