



DEMOLITION PERMIT APPLICATION

Zoning District

Please complete all areas and include

- Non-refundable Permit Fee - \$100
- Site Plan
- Structure(s) Photos
- Environmental Study

When a primary structure is demolished, all accessory structures must also be taken down.
A permit is required for each structure over 500 sq. ft.

Demolition Project Address:	
Structure Description:	<i>(i.e. Commercial Structure, Residential Dwelling, Garage, Barn, etc..)</i>

APPLICANT NAME:		PHONE		EMAIL	
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PROPERTY OWNER INFORMATION					
Name					
Mailing Address					
City		State		Zip Code	
Phone Number		Email Address			

CONTRACTOR INFORMATION					
Contractor Licensed: <input type="checkbox"/> State <input type="checkbox"/> County # _____ Contractor working in the right-of-way is required to register with the City					
Name					
Mailing Address					
City		State		Zip Code	
Phone Number		Alternate Phone			
Fax Number		Email Address			

Residential: Year Built: _____ Construction: _____ Basement: Full Partial None

Commercial: Year Built: _____ Construction: _____ Basement: Full Partial None

Accessory Building: Size _____ Year Built: _____ Construction: _____

Historic Structure: No Yes (If yes, Heritage Commission Approval: Yes No Date: _____)

Demolition Start Date: _____ **Demolition Finish Date:** _____

Is the structure within 15 ft from the right-of-way? No Yes (If yes, 6 ft, solid barricades and light required)

(Continue on Page 2)

_____ I understand that I must contact each utility provider having utility service connections. Complete the section below with scheduled disconnection date in lieu of release from each utility.

Electric service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Gas service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone/Cable service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Well capped:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Septic System crushed filled	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cistern, cesspool, underground vault or underground metal storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extermination	Insect & Rodent Treatment complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Study completed, copy attached	Asbestos: <input type="checkbox"/> not detected <input type="checkbox"/> detected & removed

All debris must be cleared away and the site restored.

Approvals are solely based on information and plans submitted and becomes void if altered without prior approval of the Planning & Zoning Department. A Zoning Permit under which no work is commenced within one (1) year shall expire per TCO 1136.02 (c).

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION IN AND WITH THIS APPLICATION IS TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECTION AND VERIFICATION OF INFORMATION SUBMITTED IF THIS APPLICATION IS APPROVED.

_____ I UNDERSTAND THAT I MUST CONTACT THE CITY OF TALLMADGE ZONING DEPARTMENT **48 HOURS PRIOR TO COMMENCEMENT OF DEMOLITION AND WITHIN 48 HOURS OF COMPLETION TO INITIATE INSPECTION.**

Applicant Signature: _____ Date: _____

Owner/Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Tallmadge Service Department Approval: _____ Date: _____

City of Tallmadge Approval: _____ Date: _____