



**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.

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

<b>APPLICANT NAME:</b>		<b>PHONE</b>		<b>EMAIL</b>	
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PROPERTY OWNER INFORMATION					
Name					
Mailing Address					
City			State		
Phone Number			Email Address		

CONTRACTOR INFORMATION					
<b>Contractor Licensed:</b> <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		
Phone Number			Alternate Phone		
Fax Number			Email Address		

<b>Residential:</b>	Year Built: _____	Construction: _____	Basement: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
<b>Commercial:</b>	Year Built: _____	Construction: _____	Basement: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
<b>Accessory Building:</b>	Size _____	Year Built: _____	Construction: _____
<b>Historic Structure:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, Heritage Commission Approval: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> N/A
Natural Gas service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Phone/Cable service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Water service disconnected:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Water Well capped:	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sanitary Sewer line plugged	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sanitary Lateral/ Septic System disconnected, crushed, filled	Owner received confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cistern, cesspool, underground vault or underground metal storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Extermination	Insect & Rodent Treatment complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Study completed, copy attached	Asbestos: <input type="checkbox"/> <i>not detected</i> <input type="checkbox"/> <i>detected &amp; removed</i>

**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: \_\_\_\_\_