



Community Development Department

Demolition Application

Permit # _____

Property	Address _____ Subdivision _____ Lot Number _____ Parcel Number _____ Property Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Structure Type <input type="checkbox"/> Primary Structure <input type="checkbox"/> Accessory Structure							
Requirements	<p>Submittal Requirements:</p> <ul style="list-style-type: none"> ○ Water Well Abandonment Plan and Septic Fill Plan prepared by the Franklin County Board of Health. ○ Architectural Review Board Record of Action (if applicable). ○ Name of property owner and taxes to be paid up to date. (Provide this by going to the Franklin County website at www.co.franklin.oh.us/auditor.) ○ Fees <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">Residential</td> <td style="padding-right: 20px;">50.00 + State 1% fee</td> <td style="text-align: right;">\$50.50</td> </tr> <tr> <td>Commercial</td> <td>150.00 + State 3% fee</td> <td style="text-align: right;">\$154.50</td> </tr> </table> <p>Important Notes:</p> <ul style="list-style-type: none"> ○ Ohio EPA has additional requirements. Call 800-329-7518 or visit epa.ohio.gov/asbestos for more information. ○ An Inspection is required prior to the demolition. Please call 939-2222 to schedule. ○ All accessory structures on a lot must be removed if the primary structure is demolished. 		Residential	50.00 + State 1% fee	\$50.50	Commercial	150.00 + State 3% fee	\$154.50
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Applicant	Applicant Name _____ Phone _____ Email _____ Property Owner Name _____ Phone _____ Property Owner Address _____ Contractor Name _____ Phone _____ Contractor Address _____							
Signature	<p>I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</p> <p>Applicant Signature _____ Date _____</p>							
Office Use	Plan Reviewer Signature _____	<input type="checkbox"/> Approved <input type="checkbox"/> Approval w/ Conditions Notes: _____						