



Community Development Demolition Application

Important Notes: <ul style="list-style-type: none"> ○ Applications with missing information will not be accepted or reviewed. ○ All accessory structures on a lot must be removed if the primary structure is demolished. ○ An Inspection is required prior to the demolition. Please call 939-2222 to schedule. ○ Documentation of disconnection of utilities including gas, electric, water, sewer, well and septic shall be available at the time of inspection. 			
Property	Address (required) _____ Parcel Number (required) _____ Property Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Submittal Requirements	Submittal Requirements: <ul style="list-style-type: none"> ○ Architectural Review Board record of action (required if within Village Center). ○ A Certificate of Asbestos Removal obtained from a licensed asbestos abatement contractor (as required by Ohio Administrative Code). ○ Water Well Abandonment Plan and Septic Fill Plan approved by the Franklin County Public Health. ○ Name of property owner and taxes to be paid up to date (Provide this by going to the County Auditor website). ○ Fees Residential 50.00 + State 1% fee \$50.50 Commercial 150.00 + State 3% fee \$154.50 		
Applicant	Applicant Name _____ Phone _____ Email _____ Property Owner Name _____ Phone _____ Property Owner Address _____ Contractor Name _____ Phone _____ Contractor Address _____		
Signature	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. Applicant Signature _____ Date _____		
Approval	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Plan Reviewer Signature</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Approved <input type="checkbox"/> Approval w/ Conditions</td> </tr> </table>	Plan Reviewer Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Approval w/ Conditions
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Department Address: 7815 Walton Parkway • New Albany, Ohio 43054 • Phone 614.939.2254

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