



RESIDENTIAL OR COMMERCIAL DEMOLITION PERMIT APPLICATION

Application Number: _____ Date: ____/____/____

FEES:

Single Family: \$700 per structure (owner shall be eligible to receive a \$500.00 refund following the Final Inspection to ensure lot space is restored to a green space in a timely manner.)

Non-Single Family: \$1,000 per structure (owner shall be eligible to receive a \$500.00 refund following the Final Inspection to ensure lot space is restored to a green space in a timely manner.)

Total Fee Amount: \$ Paid: Check # / Cash: \$

1. Applicant: _____ E-mail: _____
2. Contractor: _____ Phone: () _____ - _____
3. Property Address: _____ Johnstown, Ohio
4. Existing Use of Property: _____ Square Footage: _____
5. Estimated Cost of Demolition: \$
6. Proposed Use of Property After Demolition: _____
7. Attach any requested, supplemental, or necessary documentation or information and proof of insurance.

**** The undersigned is applying for a Demolition Permit for the following use to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable regulations.*

Applicant's Signature: _____ Date: ____/____/____

Application will be made to the zoning office including the submission of Liability Insurance by the owner/contractor. Upon successful completion of the demolition, the owner shall be eligible to receive a \$500.00 refund following the Final Inspection to ensure lot space is restored to a green space in a timely manner.

OFFICE USE ONLY:

Date Received in Office: ____/____/____ By: _____

Date Permit Issued: ____/____/____ By: _____

Date of Final Inspection: ____/____/____ By: _____

Date of Refund if Applicable: ____/____/____ By: _____