



Commissioner Marilyn Brown • Commissioner Paula Brooks • Commissioner John O'Grady  
President

Economic Development & Planning Department  
James Schimmer, Director

## DEMOLITION PERMIT APPLICATION

**DATE:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARCEL# \_\_\_\_\_ TWP: \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Type of sewage disposal:**     PUBLIC SEWER     PRIVATE SYSTEM (SEPTIC)

**Type of water supply:**     PUBLIC     PRIVATE (WELL, CISTERN)

**This demolition will include:**     MAIN BUILDING(S)     ACCESSORY BUILDING(S)

**Estimated cost to demolish \$** \_\_\_\_\_

**CONTRACTOR OR HOMEOWNER MUST:**

1. SUBMIT A CERTIFICATE OF LIABILITY INSURANCE
2. INSURE ALL UTILITIES ARE DISCONNECTED PRIOR TO DEMOLITION
3. REPORT TO THE EPA REGARDING LEAD PAINT, ASBESTOS AND SHINGLES
4. DISPOSE OF DEBRIS AS TO REQUIRED LEGAL DUMPING SITE(S)
5. CONTACT THE FRANKLIN COUNTY BOARD OF HEALTH FOR "WELL AND SEPTIC ABANDON" AT 525-3160 AND/OR SANITARY ENGINEER AT 525-3940
6. CONTACT FRANKLIN COUNTY BUILDING INSPECTOR AT 525-3166 AFTER DEBRIS IS REMOVED AND PRIOR TO BACK FILLING.

The undersigned is committed to compliance with the statements herein and upon completion of the project will contact the proper entity for inspection purposes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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PUBLIC HEALTH / SANITARY ENGINEER \_\_\_\_\_ /Date: \_\_\_\_\_

PRE-BACKFILL: Init: \_\_\_\_\_ /Date \_\_\_\_\_ FINAL: Init: \_\_\_\_\_ /Date: \_\_\_\_\_

INSPECTOR SIGNATURE \_\_\_\_\_