DEMOLITION PERMIT APPLICATION

City of Bellefontaine 135 North Detroit Street Bellefontaine Oh 43311

Location of Demolition

Site Name & Addres	SS				
Parcel Owner					
Mailing Address		State	Zip	Phone	
Description of	Demolition				
RESIDENTIAL () C	OMMERCIAL () INDUSTR	RIAL () OTHER () DI	ESCRIBE:	1# of structures	
Duration of	Start	Finish	current Use of St	ructure	
Project No. of Stories	Total Sq. Ft.	Equipment on F	Project		
	ntractor Information	Equipment on t			
Name	Address		City	State Zip	
	Address			1	
Business Name			Phone	Fax	
Insurance Carrier			Policy #	Phone #	
Debris Disposal			Phone #	Phone #	
Utility Notifica	ation - Call O.U.P.S	. 1-800-362-2764	4		
			ties and obtain disconnecti	ter i te solari de la constata desta constata	
issuance of this p	ermit. Please √ each bo	x indicating that the	utility has been appropriat	ey notified and disconnected.	
City Water ()	City Sewer ()	Electric ()	Private Well (() Private Septic ()	
the second se	oane, or Fuel Oil ()	Cable ()	Telephone () Alarms ()	
Ohio Utilities Prote	ection Services Notificat	ion 1-800-362-2764	Date Called	Confirmation #	
It shall be the owner permit. Please attac <u>below.</u> Is EPA Notification/A	h certification from the Ohio	•	• • • • • • •	ovals prior to the issuance of this d. <u>Please V the appropriate boxes</u>	
If no please explain:					
Traffic control ()	Access Via:				
I,	representing		do he	do hereby attest that the above	
information is true a	nd accurate.				
CONTRACTOR'S SIGNATURE			DATE		
Routing:	Fire Department Police Service Safety Di Engineering ()	()			
Permit issued by:			Date Issued:	Date Issued:	