

LAKE COUNTY BUILDING DEPARTMENT

105 Main St, Bldg B Second Floor, Painesville, Ohio 44077 Tel: 440-350-2636 440-918-2636 Fax: 440-350-2660

Website: <u>www.lakecountyohio.gov</u> – E-mail: <u>lcbd@lakecountyohio.gov</u>

DEMOLITION PERMIT APPLICATION

DATE SUBMITTED: TYPE OF STE	RUCTURE TO BE DEMOLISHED:
NAME OF STRUCTURE (BUSINESS) TO BE DEMOLISH	HED (IF APPLICABLE):
ADDRESS:	
CITY/TOWNSHIP:	EST COST:
1. DESCRIPTION OF SITE INDICATING PROPOSED	DEMOLITION (Copy of Site Plan MUST be Attached)
•	all be submitted that shows the construction to be demolished and
2. ZONING PERMIT #	(Copy MUST be Attached)
· · · · · · · · · · · · · · · · · · ·	E & TELEPHONE # OF ZONING OFFICIAL WHO WAIVEDTELEPHONE:
3. Date the OHIO E.P.A. NOTIFICATION OF DEMO	LITION & RENOVATION FORM was REVIEWED & APPROVED by
THE LAKE COUNTY HEALTH DISTRICT: DATE:	(Copy of SIGNED Form MUST be Attached)
OWNER'S CO	DNSENT FOR DEMOLITION
OWNER'S SIGNATURE:	
OWNER'S PRINTED NAME:	
OWNER'S ADDRESS:	
PHONE NUMBER: ()	FAX NUMBER: <u>(</u>)
EMAIL:	
It is the duty of the General Contractor to insure that all utilitiapproved by the Lake County Building Department. The Ge of the demolition.	cility to obtain any Utility permits in addition to this permit es are properly disconnected and the required inspections are scheduled and eneral Contractor is responsible to obtain a final inspection at the completion enced within 12 months, or if work is suspended or abandoned for a period of 180
	ion and that all information is true, accurate, and complete. All provisions of aplied with whether specified herein or not. I authorize the Lake County Building pections for the duration of this project.
OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MC application, you and the entity you represent are agr	ON OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEANOR ONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH. By signing the reeing to be obligated and pay for any additional review time and ragreeing that failure to pay within 30 days of being billed may result permits until your account is brought current.
· · · · · · · · · · · · · · · · · · ·	Il local municipality rules, regulations and registration ot take the place of any local municipal requirements, please check ments.
GENERAL CONTRACTOR'S SIGNATURE:	
BUSINESS NAME:	
DAYTIME PHONE NUMBER:EMAIL ADDRESS:	CELL PHONE NUMBER: