



## Pickaway County Building Department

124 West Franklin Street

Circleville, Ohio 43113

740-477-8282 Fax: 740-477-8265

www.pickaway.org

### APPLICATION FOR DEMOLITION OF STRUCTURE PERMIT

*For Office Use Only*

If commercial: Asbestos Survey Received: ☆ YES ☆ NO

APPLICATION # \_\_\_\_\_ PERMIT #: \_\_\_\_\_

SITE ADDRESS:	
DESCRIPTION OF DEMOLITION ACTIVITIES:	
APPLICATION DATE:        /        /	SQ. FT TO BE DEMOLISHED:
START / FINISH DATES:    /        /	TO                            /        /
TYPE OF STRUCTURE: ☆ MASONARY	☆ WOOD FRAME
☆ POST & BEAM	☆ OTHER _____
RESIDENTIAL: ☆ ONE FAMILY	☆ TWO FAMILY
☆ THREE FAMILY	☆ OTHER _____
COMMERCIAL: OBC USE GROUP _____	MIXED USE: ☆ YES
☆ NO	
The following information MUST be completed to process the application	
<b>PROPERTY OWNER:</b>	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE:	OTHER PHONE:
<b>DEMOLITION CONTRACTOR:</b>	
LOCAL REGISTRATION NUMBER: _____ All contractors MUST be registered before a permit will be issued.	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE:	OTHER PHONE:
<b>APPLICANT:</b>	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE:	OTHER PHONE:

#### Instructions

1. Contact all utility service providers including city utility departments and request to have all services disconnected and removed from the property.
2. Submit application and permit fees to the Pickaway County Building Department along with a copy of the asbestos survey, if it is a commercial structure.
3. After structure is demolished, remove all debris from site.

I fully understand that no excavation, construction, demolition of any structure shall be undertaken or performed until the permit applied for herein has been approved and issued by the Pickaway County Building Department.

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. In addition, if this permit is issued, I certify that the code official shall have the authority to enter areas covered by such permit to enforce the provisions of the code applicable to such permit.

I hereby acknowledge that I have read and fully understand the instructions that are explained above and agree to comply with the instructions as written or orally given by the Pickaway County Building Department for this project.

Owner / Agent: \_\_\_\_\_  
SIGNATURE DATE

<b>COMMERCIAL FEES</b>	
A. \$100 per structure plus \$10 per every 100 square feet (ex. If 103 sq. ft, round up to 200 sq ft)	\$ _____
B. Board of Building Standards (BBS) fee (3% of Subtotal)	\$ _____
C. Municipal and Township Surcharge, where applicable (10% of Subtotal)	\$ _____
<b>RESIDENTIAL FEES</b>	
A. House \$50 per structure	\$ _____
B. Garage \$25 per structure	\$ _____
C. Board of Building Standards (BBS) Fee (1% of Subtotal)	\$ _____
Make check or money order payable to: <u>Pickaway County Building Department</u> <b>Total Permit Fee</b>	\$ _____

Inspector approval: \_\_\_\_\_  
SIGNATURE DATE

# PERMIT VOID AFTER 60 DAYS