

APPLICATION FOR DEMOLITION PERMIT

Village of Byesville

The applicant shall submit a copy of this form, along with any supplementary material to the Village Clerk. The Village Clerk shall forward the application to the Building Inspector for approval. The Building Inspector shall review the property that is the subject of the Permit Application and shall return a report to the Clerk indicating whether the Building Inspector recommends approval or denial of the Permit Application and the reason therefore. Application shall include a fee as specified by 1311.02 of the Codified Ordinances of the Village of Byesville for residential, commercial and industrial permits.

1. **NAME OF APPLICANT:** _____
(please print)
ADDRESS: _____

TELEPHONE (Home): _____ **(Business):** _____
2. **NAME OF CONTRACTOR:** _____
ADDRESS: _____

TELEPHONE:(Home) _____ **(Business):** _____
3. **ADDRESS/LOCATION OF PROPERTY:** _____
4. **WHAT IS THE EXISTING ZONING DISTRICT?** _____
5. **WHAT IS THE EXISTING USE OF THE PROPERTY:** _____
6. **WHAT IS THE ESTIMATED COST OF DEMOLITION:** _____
7. **THE WORK ON ALL RESIDENTIAL PERMITS SHALL BE COMPLETED WITHIN THIRTY (30) DAYS OF THE DATE OF APPROVAL OF THE PERMIT. THE WORK ON ALL COMMERCIAL AND INDUSTRIAL PERMITS MUST BE COMPLETED WITHIN SIXTY (60) DAYS OF THE DATE OF THE APPROVAL OF THE PERMIT. IN THE EVENT THAT ANY PARTY BELIEVES THAT THE WORK CANNOT BE COMPLETED WITHIN THE TIME LIMITS DESCRIBED HEREIN, AN EXTENSION MAY BE REQUESTD FROM THE BUILDING INSPECTOR.**
8. **ALL PERMIT FEES SHALL BE REFUNDED IN FULL IF THE WORK IS COMPLETED WITHIN THE TIME FRAMES DESCRIBED ON THIS APPLICATION FOR RESIDENTIAL, COMMERCIAL, AND INDUSTRIAL PERMITS.**
9. **APPLICANTS SHALL BE RESPONSIBLE FOR CAPPING OF ANY SEWER OR WATER TAPS SERVICING THE STUCTURE TO BE DEMOLISHED. THESE CAPPED UTILITIES MUST BE INSPECTED BY THE VILLAGE OF BYESVILLE UTILITES DEPARTMENT PRIOR TO BEING COVERED. Call (740) 685-2816**

I CERTIFY THAT THE INFORMATION/FACTS PROVIDED ON AND WITH THIS APPLICATION ARE TRUE AND CORRECT.

APPLICANT signature

DATE

Action by Building inspector: Approved _____ Disapproved _____

Remarks: _____

Date of Decision _____ Date Permit Expires: _____

Fee Paid: \$ _____ _____
Building Inspector