

# Demolition Authorization Permit Application

For more information: 513-745-8520 / www.BlueAsh.com/Departments/Community\_Development/Permits



Community Development • 4343 Cooper Road • Blue Ash, Ohio 45242 • email: tsmith@blueash.com

Residential Est. Project Cost \$ \_\_\_\_\_  
 Commercial TOTAL BLDG. SQ. FT. \_\_\_\_\_

OFFICE USE ONLY

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BA17 -

Demolition Site Address \_\_\_\_\_ Suite \_\_\_\_\_

Commercial Tenant \_\_\_\_\_  new  existing

Type of Structure \_\_\_\_\_

cc: FD (w/plan)  ED  Eng.

PLEASE PRINT	PROPERTY OWNER	APPLICANT	CONTRACTOR
Contact Name & Company			
Street Address			
City, State, & Zip			
Phone Number			
Email			

The following signatures must be obtained from the appropriate agencies below or the owner/contractor shall confirm and sign off on utility disconnects before a permit can be issued.

DEPARTMENT or UTILITY	SIGNATURE	DATE
<b>Water / Sewer</b> (Verify shut-offs)		
<b>Electric</b> (Verify shut-off, meter removed and disconnected from structure)		
<b>Gas</b> (Verify shut-off, meter removed and disconnected from structure)		
<b>Asbestos Report</b> (ALL COMMERCIAL STRUCTURES) Assessment form must be returned with this application	ATTACHED	

Is property located in a Floodplain? Yes \_\_\_ No \_\_\_

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes, zoning, and other governing codes.

Applicant Name (Owner Rep.) (print) \_\_\_\_\_ Email \_\_\_\_\_

Phone (one # only) \_\_\_\_\_  cell  office  home

Signature of Applicant /Owner Rep. \_\_\_\_\_ Application Date \_\_\_\_\_

2017 v.1 OFFICE USE ONLY  
 CASH \_\_\_ VS \_\_\_ MC \_\_\_ CK# \_\_\_\_\_  
 Deposit \$ \_\_\_\_\_ Rec'd By \_\_\_\_\_ OBBS Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Is property located in a Floodplain? Yes \_\_\_ No \_\_\_  
 Building Approved \_\_\_\_\_ Date \_\_\_\_\_ Zoning Approved \_\_\_\_\_ Date \_\_\_\_\_