

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: cdpermits@blueash.com

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

OFFICE USE ONLY
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
Water / Sewer (Verify shut-offs)		
Electric (Verify shut-off, meter removed and disconnected from structure)		
Gas (Verify shut-off, meter removed and disconnected from structure)		
Asbestos Report (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.2	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 _____	