



CITY OF BELLEFONTAINE · ENGINEERING DEPARTMENT

135 N DETROIT ST · BELLEFONTAINE, OHIO 43311
 ENGINEERING@CI.BELLEFONTAINE.OH.US
 (937) -593-0417

ZONING CERTIFICATE FOR DEMOLITION

OFFICE USE ONLY DATE:	ZONING DISTRICT:	ZONING FEE:	SANITARY PERMIT #:	ZONING #:
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LOCATION OF DEMOLITION

SITE NAME & ADDRESS:	
PARCEL OWNER:	TOTAL COST OF JOB: \$
MAILING ADDRESS:	PHONE:
CITY/STATE/ZIP:	EMAIL:

DEMOLITION CONTRACTOR INFORMATION

BUSINESS NAME:	CONT. REGISTRATION #:
AUTHORIZED AGENT:	DEBRIS DISPOSAL LOCATION:
ADDRESS:	PHONE:
CITY/STATE/ZIP:	EMAIL:

DESCRIPTION OF DEMOLITION

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER _____		
DESCRIBE CURRENT USE OF STRUCTURE:		
PROJECT SCHEDULE: START _____ FINISH _____	NO. OF STORIES:	TOTAL SQ. FT.:

AGENCY NOTIFICATION/APPROVAL

IT SHALL BE THE OWNER/CONTRACTOR'S RESPONSIBILITY TO OBTAIN ALL OTHER AGENCY REQUIRED PERMITS AND APPROVALS PRIOR TO THE ISSUANCE OF THIS PERMIT. PLEASE ATTACH CERTIFICATION FROM THE OHIO ENVIRONMENTAL PROTECTION AGENCY (EPA) AS REQUIRED. PLEASE ✓ THE APPROPRIATE BOXES BELOW.

IS EPA NOTIFICATION/APPROVAL ATTACHED? YES NO

UTILITY NOTIFICATION – CALL O.U.P.S. 1-800-362-2764 CONFIRMATION/TICKET #: _____

IT SHALL BE THE OWNER/CONTACTOR'S RESPONSIBILITY TO NOTIFY ALL UTILITIES AND OBTAIN DISCONNECTION NOTICES PRIOR TO THE ISSUANCE OF THIS PERMIT. PLEASE ✓ EACH BOX INDICATING THAT THE UTILITY HAS BEEN APPROPRIATELY NOTIFIED AND/OR DISCONNECTED.

<input type="checkbox"/> CITY WATER	<input type="checkbox"/> CITY SEWER	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> PRIVATE WELL	<input type="checkbox"/> PRIVATE SEPTIC	<input type="checkbox"/> CABLE
<input type="checkbox"/> NATURAL GAS, PROPANE OR FUEL OIL	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> ALARMS			

I, _____ REPRESENTING _____ DO HEARBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

OWNER'S SIGNATURE:	DATE:
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ROUTING: *APPLICANT IS REQUIRED TO OBTAIN THE SIGN-OFFS BELOW*

FIRE DEPARTMENT: _____ SERVICE SAFETY DIR: _____

POLICE: _____ ENGINEERING: _____

WATER/UTILITIES: _____

CONTRACTOR IS RESPONSIBLE FOR ALL BARRICADES AND WARNING DEVICES AND SHALL BE IN ACCORDANCE WITH THE OHIO MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES.

OFFICE USE ONLY PERMIT ISSUED BY:	DATE:
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SANITARY SEWER CAPPED/PLUGGED: YES NO

INSPECTOR:	DATE:	DRAWING #:
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