

CITY OF CHILLICOTHE  
DEMOLITION PERMIT  
APPLICATION

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

I. GENERAL INFORMATION

Name of Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

II. LEGAL DESCRIPTION OF PROPERTY

Property Address: \_\_\_\_\_  
Lot Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

III. CHARACTERISTICS OF BUILDING TO BE DEMOLISHED

A. Type of Frame

1. Wood
2. Masonry
3. Steel
4. Concrete
5. Other:

B. Structure to be Demolished

1. House
2. Accessory Building
3. Office
4. Other:

IV. Total cost of Demolition:

Have the utilities been disconnected:  Yes  No

All debris from the demolition must be removed from the site. Any and all other requirements from the State or other entities is the responsibility of the property owner to obtain.

V. CERTIFICATION

I certify the above information is true and correct.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

FEE: \$50.00

Paid: Check \_\_\_\_\_ Cash: \_\_\_\_\_

Date: \_\_\_\_\_