



**CITY OF LORAIN
DEMOLITION APPLICATION**

DATE _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
VALUATION _____
PERMIT FEES \$ _____
PERMIT# _____

***** DEMOLITION PERMIT CANNOT BE ISSUED UNTIL THE UTILITIES HAVE BEEN DISCONNECTED***
WATER SHUT-OFF LETTER MUST BE ATTACHED TO THIS APPLICATION!!!**

APPLICATION TYPE: Commercial Residential
DEMOLITION TYPE: Total Partial _____

DEMOLITION CONTRACTOR INFORMATION:

Name: Owner: _____
Phone# _____ Email _____

PROPERTY INFORMATION:

Address: _____, Lorain, OH.
Current Use: _____
Property Owner: _____
Phone# _____ Email _____

STRUCTURAL INFORMATION:

Total Square Feet: _____ Estimated Cost of Demolition: \$ _____
Building Materials: _____
Foundation Type: _____
No. of Stories: _____ Is there a basement? Yes No
Is there a detached accessory building (garage, shed, etc.) to be demolished in this property? Yes No
Use of Building: _____ Square Footage: _____

If this property is a Historic Landmark or is within a Local Historic District or national Register Historic District, other requirements may apply. Please contact the City of Lorain Design Review Board Administrator at (440) 204-2020 for further instructions.

INSPECTIONS ARE REQUIRED FOR ALL DEMOLITION PROJECTS. IF YOU DO NOT CALL FOR A SANITARY CAP AND/OR FINAL INSPECTION, THE PERMIT WILL EXPIRE AFTER 180 DAYS FROM THE TIME THE PERMIT WAS ISSUED. IN ORDER TO CLOSE OUT AN EXPIRED PERMIT, AN APPLICANT WILL BE REQUIRED TO SUBMIT A NEW APPLICATION FOR THE PROJECT AND ALL FEES WILL BE ASSESSED AGAIN.

I certify that I am the owner of the above property, that the above statements are true and that the work will be performed only by me, per Ordinance 118-96, Section III-1.

Owner Signature

I certify that I am authorized by the owner of the above property to obtain the described permit; that the above statements are true and that the work will be performed by contractor(s) who is/are registered with the City of Lorain Building Department.

Authorized Representative of Owner