



Planning & Zoning Department
 100 Dayton St, 2nd Floor
 Yellow Springs, OH 45387
 (937) 767-1702

Permit Application: Demolition

[FOR OFFICE USE ONLY]

Permit #: _____
 Application Received: _____

Applicant Information

Property Address:					
Property Owner:		Phone:		Email:	
Mailing Address:					
Applicant Name:		Phone:		Email:	
Parcel ID #:		Zone:		Type:	

Project Information

Proposed use of land post-demolition: _____

Does the demolition site include any subsurface dwelling space? Yes No **Will subsurface area be filled?** Yes No

If no, reason for leaving open: _____

Additional Comments: _____

**SEE THE ATTACHED DEMOLITION CHECK LIST & UTILITY RELEASE FORMS
 COMPLETION OF BOTH IS REQUIRED**

I, the undersigned do hereby certify that I am the applicant, and the information and statements given on this application are to the best of my/our knowledge, true and correct. I understand that the Village is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this Zoning permit as determined by the Village. I further certify that I am the Owner, or the lessee, or agent, fully authorized by the owner to make this submission. I certify that statements made to me about the time required to process this application are general estimations and not binding. Further, I understand that it may be necessary for the Village to request additional information and clarification after I have submitted this application and accompanying documentation.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Zoning Fee: \$ _____	Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Other fees: \$ _____	Zoning District:	SEE ATTACHED LETTER FOR CONDITIONS
Tap Fees - Water \$ _____	PC/BZA Hearing Date:	PC/BZA Case #:
Sewer \$ _____ Electric \$ _____		
Total \$	Zoning Official Name and Title	Date



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Demolition Permit Attachment A

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DEMOLITION CHECKLIST

- Village zoning demolition permit application completed
- Village utility release form completed
- Neighboring property owners notified at least 48 hours in advance
- Village/NIC demolition permit obtained
- RAPCA contacted for a required asbestos survey - (937) 225-4435
- Yellow Springs Police Department notified – (937) 767-7206
- Miami Township Fire and Rescue notified – (937) 767-7842
- Housing rehabilitation organizations contacted



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**Demolition Permit
Attachment B**

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Permit #: _____

UTILITY RELEASE FORM

Property Address: _____

Type of structure: _____

Before the above structure can be demolished, the utility companies that serve this property must confirm that their respective service connections and appurtenant equipment, such as meters and regulators have been removed or sealed and plugged in a safe manner at the above address.

ELECTRIC

Disconnection Date _____ Signature of Public Works Representative _____ Public Works Phone (937) 767-8649

WATER

Disconnection Date _____ Signature of Public Works Representative _____ Public Works Phone (937) 767-8649

SEWER

Disconnection Date _____ Signature of Public Works Representative _____ Public Works Phone (937) 767-8649

GAS

Disconnection Date _____ Signature of CenterPoint Representative _____ CenterPoint Phone: (800) 227-1376

NOTICE: An asbestos survey may be necessary. Contact Regional Air Pollution Control Agency (RAPCA) at (937) 225-4435 for details and forms.

NOTE: This Utility Release Form must be completed and returned to the Yellow Springs Village Manager’s Office **before a demolition permit can be issued.**