



Randy Evans, Mayor
David Swackhammer, Service Director

145 Broadway St. Jackson, Ohio 45640
(740) 286-2201 cityadministration@jacksonohio.us

Permit # _____

(To be assigned by the City of Jackson)

DEMOLITION PERMIT

Purpose for Permit _____

Property Owner _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Cell () _____ Email _____

Contractor Name _____ Registration # _____

Contractor Phone Number () _____

Residential Commercial or Industrial *(First requires State of Ohio Permit)*

Subdivision _____ Zoning _____ Lot # _____ Parcel Number _____

Property in a Floodplain? No Yes, Floodplain Permit required

Requirements: (check the boxes)

City Approval

Permit Fee \$20.00 Residential \$50.00 Commercial or Industrial

Cash Credit Check # _____

Terminate all utilities.

Obtain Ohio EPA's approval for buildings *where* asbestos or hazardous materials are present.

Provide Jackson County Health Department's "Notice of Intent to Fill Clean Hard Fill". _____

Provide "Weigh Tickets" for all removal to the City upon completion of the project. _____

Notify OUPS (811) and the Mayor's Office 48 hours prior to beginning the project. _____

Cap sewer line and notify City for final inspection. _____

All activities shall comply with all Ohio and Federal EPA guidelines.

All activities shall comply with all City of Jackson Zoning Regulations and Ordinances.

Permit expires 3 months after approval.

Print Applicant Name: _____ Title: _____ Phone: () _____

Applicant Signature: _____ Date: _____

Approved: _____ Rejected: _____

Signature of individual approving: _____ Date: _____