

CITY OF CHILLICOTHE
Application for **DEMOLITION** Permit

Permit No. _____ Date: _____

Property Owner: _____ Applicant: _____
Address at site: _____ Address: _____
Phone: _____ Phone: _____

Describe work to be done:

Estimated Cost: _____ Residential: ____ Commercial: ____

Work start date: _____

Contractors:

Demolition: _____

I THE UNDERSIGNED HEREBY SWEAR that the information provided on this application are true and accurate to the best of my knowledge and here by GUARANTEE to the CITY OF CHILLICOTHE that the work will be done in accordance with the codes of the City of Chillicothe. *I will notify the City of Chillicothe the day before work begins.*

Signature of owner or applicant

Date

\$25.00 fee received

City Approved

Date: _____

**CALL EMPIRE GAS TWO WEEKS BEFORE WORK IS
SCHEDULED TO BEGIN!!
CONTACT CMU-SEWER DEPARTMENT 646-2888 TO VERIFY THE
SANITARY SEWER SERVICE CONNECTION IS CAPPED.**