

CITY OF CHILLICOTHE

Permit No. \_\_\_\_\_ Application for **DEMOLITION** permit Date \_\_\_\_\_.

Property owner \_\_\_\_\_ Contractor \_\_\_\_\_.

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 current codes of the City of Chillicothe. *I will notify the City of Chillicothe the day before work begins.* By signing this you give permission to the codes enforcement department to come on your property as needed for inspections and pictures for documentation. The City of Chillicothe recommends you check with DNR (1- 660-385-8000) about asbestos testing and abatement.

\_\_\_\_\_  
Signature of owner or applicant Date

\$ \_\_\_\_\_ 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.**