

DEMOLITION APPLICATION

Revised 11-06-12

CITY OF RAVENNA

530 N. Freedom Street Ravenna, Ohio 44266

Phone #: 330-296-5607 Fax #: 330-296-1280

Property Address:				
Owners Name:				
Owners Address:				
Lot Size:	Property	Property's Zoning District		
Description of Building:				
Description of Use:				
Description of New Use:				
Historical Value of Structure:				
Applicant Must Appear Before:				
• Board of Zoning Appeals	Yes:	No:		
 Planning Commission 	Yes:	No:	<u></u>	
 Design Review Commission 	Yes:	No:		
Is Building attached to another Structure?	Yes:	No:		
Is an Engineer Report Required?	Yes:	No:	If Yes, Report must be attached.	
Was Environmental Evaluation performed?	Yes:	No:	If Yes, Report must be attached.	
Is Abatement Needed?	Yes:	No:		
If Yes, Describe Abatements:				
Contractor's Name:				
Contractor's Address:			Phone #:	
NOTES: The Contractor Must:				
 Be registered with Ravenna City Bu Obtain all necessary permits Schedule all inspections Have all utilities disconnected and v 			neering Department.	
Sanitary Sewer: Yes:	S	torm Sewer:	Yes:	
Water Service: Yes:	E	lectric Service:	Yes:	
Engineer's Approval:			Date:	
Chief Building Official's Approval:			Date:	