

# Village of Garrettsville, Zoning Department

8213 High Street Garrettsville, Ohio 44231

Phone: 330-527-2070 Fax: 330-527-5819

## APPLICATION FOR CONTRACTOR/INDIVIDUAL DEMOLITION ZONING CERTIFICATE Garrettsville Village, Portage County, Ohio

PLEASE SUBMIT ONE COPY OF THIS 3 PAGE APPLICATION TO THE ZONING INSPECTOR WITH A  
CHECK FOR THE PROPER FEE PAYABLE TO: THE VILLAGE OF GARRETTSVILLE.

Date \_\_\_\_\_ Internal Application Number \_\_\_\_\_

### Site of Demolition

Name of Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Specific Address/Location of Project/Building: \_\_\_\_\_

Cross Street: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Age of Building: \_\_\_\_\_ Historic Significance: \_\_\_\_\_

Check one:  Single Family Dwelling  Commercial  Multifamily Dwelling  Govt Bldg  School

### Contractor/Individual Performing Demolition

Name Company/Individual \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Description of Demolition

Is this Demolition by Fire for Fire Training purposes?  yes  no

Is this Demolition ordered by a Government Agency?  yes  no

If not Demolition for Fire Training, check applicable method:

Heavy Equipment  Implosion  By Hand  Other: \_\_\_\_\_

### Dates of Demolition: (Actual dates must be entered; "ASAP" or "SOON" will be rejected)

Start: \_\_\_\_\_ Completion: \_\_\_\_\_ Weekend work:  Night Work (After 5PM?):

Notification **MUST** be made to:

Police Dept: 330-527-4717(Signature of Police Dept.) \_\_\_\_\_ Date: \_\_\_\_\_

Fire Dept: 330-527-4050(Signature of Fire Chief) \_\_\_\_\_ Date: \_\_\_\_\_

Street Dept: 330-527-2150 (Signature of Mgr.) \_\_\_\_\_ Date: \_\_\_\_\_

Water Dept: 330-527-2080(Signature of Mgr.) \_\_\_\_\_ Date: \_\_\_\_\_

**Water, Sewer, and Septic Systems**

Contact either the Portage County Health Dept. for septic systems, or Garrettsville Board of Public Affairs (Garrettsville Water & Sewer Dept.) 330-527-2080 as all piping (water, storm, sewer, and waste water shall be sealed by an approved method. The ends of these lines are to be marked and platted for future connection. **FINAL INSPECTION IS REQUIRED**

**Asbestos Survey Report**

Name of company that conducted survey: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person who completed survey: \_\_\_\_\_ ES# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Is/was asbestos present? \_\_\_\_ Yes \_\_\_\_ No

If yes, who will remove/has removed prior to demolition? \_\_\_\_\_

**Instructions:**

The owner of the structure to be demolished should apply in person. If the owner does not apply in person, then the person applying for the demolition permit needs a notarized letter from the owner giving permission to his representative to apply for the permit. The letter should contain the following information:

- Owner's contact information
- Name of the individual or company that will demolish the structure
- Cost of demolition
- The owner/representative should bring two pictures of the structure that will be demolished

All debris must be transported to an approved dump site. Proof of discharge of debris must be submitted to the Portage County Building Department. Clean fill shall be added to level the area, with a minimum of 2" of topsoil and seeded with a layer of straw to complete reclamation.

NOTIFY the adjacent property owners three (3) days in advance of starting work.

\_\_\_\_\_  
The Income Tax Clerk of the Village of Garrettsville has been notified of all contractors and sub-contractors working within the Village for tax purposes. (Phone: 330-527-2179)

Signature: \_\_\_\_\_  
Date

**Alterations of existing surface drainage that adversely affects neighboring properties be they private citizen, Village, or right of way, may result in civil liability to this property owner and the contractor.**

_____ Signature of Applicant	_____ Date	_____ Signature of Property Owner	_____ Date
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Completion of zoning forms is the sole responsibility of the Applicant. Applications which are incorrect, incomplete or are submitted without fees or necessary attachments will not be accepted for filing and will be returned to Applicant for correction.

**Upon receipt of a Garrettsville Village Zoning Permit, you must contact the Portage County Building Department to obtain the necessary county permit(s).**

Portage County Building Inspection Department  
449 South Meridian Street  
Ravenna, Ohio 44266  
Telephone: 330-297-3530  
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**Village of Garretttsville**  
**INCOME TAX DEPARTMENT**

8213 High Street      PO Box 306  
Garrettsville, Ohio 44231-0306  
Phone: 330-527-2179      Fax: 330-527-5819

As required by Ordinance 171.02, (1) of Garretttsville's Codified Ordinances, please list all of the contractors and sub-contractors who will be working on the project for which the certificate is being applied.

Applicant: \_\_\_\_\_

Project Location: \_\_\_\_\_

Type of Project: \_\_\_\_\_

**This form must be returned with your Application for Zoning Certificate.**

Contractor/Sub-Contractor	Address	Phone & Fax Numbers (If Available)

Attach additional sheets if necessary.