



CITY OF PATASKALA PLANNING & ZONING DEPARTMENT

621 West Broad Street, Suite 2A
Pataskala, Ohio 43062

DEMOLITION PERMIT APPLICATION

Property Information			Staff Use		
Address:			Application Number:		
Parcel Number:			Fee:		
Zoning:	Acres:		Filing Date:		
Applicant Information			Receipt Number:		
			Name:		
			Address:		
			City:	State:	Zip:
Phone:	Email:		Documents		
Owner Information					
Name:					
Address:					
City:	State:	Zip:	<input type="checkbox"/> Application		
Phone:	Email:		<input type="checkbox"/> Fee		
Demolition Information			<input type="checkbox"/> Site Plan		
			Describe the Project (building being demolished, why, etc.)		
Documents to Submit					
Demolition Application: Submit 1 copy of the demolition permit application.					
Fee: Application fee of \$25.00 for residential or \$50.00 for commercial					
Site Plan: Submit two (2) copies of a site plan showing the following:					
<ul style="list-style-type: none"> • Location of all existing buildings and structures • Property lines, easements and right-of-way • Building or buildings to be demolished 					
EPA Report: EPA asbestos report (commercial only)					

Important Information

Applicability: A demolition permit is required for the demolition of all residential and commercial buildings.

Demolition Regulations: All demolitions must meet the following regulations:

- The basement must be filled upon completion of the demolition (if applicable).
- No walls may remain standing.
- The property must be restored to the original ground level.
- The property must be seeded and strawed upon completion of the demolition.

Inspections:

- The Pataskala Planning and Zoning Department will inspect the demolition upon completion to ensure that it complies with the approved permit.
- To schedule an inspection please call the Zoning Inspector at 740-927-3885.

Signatures

I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge and understand the requirements for a demolition. Also, I authorize City of Pataskala staff to inspect the property as necessary as it pertains to this application.

Applicant:	Date:
Owner:	Date:

Zoning Inspector

Approved Disapproved

Zoning Inspector:	Approval Date:	Expiration Date:
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Conditions:

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