



# CITY OF TOLEDO

Department of Inspection - Division of Building Inspection  
One Government Center, Suite 1600 ● Toledo, OH 43604 ● Phone (419) 245-1220 ● Fax (419) 245-1329  
onestopshop@toledo.oh.gov

## DEMOLITION PERMIT APPLICATION

Application # \_\_\_\_\_ Application Date \_\_\_\_\_ Lucas County Tax Parcel No. (Lucas County AREIS Online) \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Contractor's Toledo Tax ID # \_\_\_\_\_ Job Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Location of Work \_\_\_\_\_

Contractor's Address \_\_\_\_\_ Owner's Name \_\_\_\_\_

Contractor's City, State, Zip \_\_\_\_\_ Owner's Address \_\_\_\_\_

Contractor's Phone No. \_\_\_\_\_ Contractor's Fax \_\_\_\_\_ Owner's City, State, Zip \_\_\_\_\_

Contractor's Email Address \_\_\_\_\_ Owner's Phone No. \_\_\_\_\_ Owner's Fax \_\_\_\_\_

**YOU MUST CHECK ONE**  1/2/3 FAMILY  COMMERCIAL/4 FAMILY  BLDG CONSTRUCTION

Type of Occupancy \_\_\_\_\_ Building Use Group \_\_\_\_\_

Work Description \_\_\_\_\_

Area to be demolished.

Building Size: Width \_\_\_\_\_ Ft. Depth \_\_\_\_\_ Ft.

Area \_\_\_\_\_ Sq. Ft.

No. of Stories \_\_\_\_\_

Height \_\_\_\_\_ Ft.

Volume \_\_\_\_\_ Cu. Ft.

### OFFICE USE

- Gas retired \_\_\_\_\_
- Water & Sewer killed \_\_\_\_\_
- Water Permit # \_\_\_\_\_
- Over-The-Curb Permit No. \_\_\_\_\_
- Asbestos \_\_\_\_\_
- Rat inspection \_\_\_\_\_
- Affidavit \_\_\_\_\_

Comments \_\_\_\_\_

Fees: Demolition Permit

Permit Fee \$ \_\_\_\_\_

1% (Res), 3% (Comm'l) **State Surcharge** \$ \_\_\_\_\_

Permit Total \$ \_\_\_\_\_

Application processed by \_\_\_\_\_

Application approved by \_\_\_\_\_

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, I, or we, agree to save the City of Toledo, harmless from any and all damages, I, or we, do hereby covenant and agree to construct said work in all respects in compliance with the provisions of the Statutes of the State of Ohio and the Ordinances of the City of Toledo, and that all statements as made are correct and true, and all orders of Division of Building Inspection will be complied with.

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Signature of Owner

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Signature of Contractor or Authorized Agent