

DEMOLITION APPLICATION
CITY OF RAVENNA
530 N. Freedom Street
Ravenna, Ohio 44266
Phone #: 330-296-5607 Fax #: 330-296-1280

Revised 8-14-20

Property Address: _____ Parcel#: _____

Owner's Name: _____ Phone #: _____

Owner's Address: _____

Lot Size: _____ Property's Zoning District _____

Description of Building: _____

Description of Use: _____

Akron Air Quality Permit Attached (330-923-4891): _____

Historical Value of Structure: _____

Applicant Must Appear Before:

- | | | |
|----------------------------|------|-----|
| • Board of Zoning Appeals | Yes: | No: |
| • Planning Commission | Yes: | No: |
| • 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 Building Department
- Obtain all necessary permits
- Schedule all inspections
- Have all utilities disconnected and work approved by the City's Engineering Department.

Sanitary Sewer: Yes: Storm Sewer: Yes:

Water Service: Yes: Electric Service: Yes:

Engineer's Approval: _____ Date: _____

Chief Building Official's Approval: _____ Date: _____