

**CITY OF LOUISVILLE
215 S. MILL STREET
LOUISVILLE OH 44641-1699
330-875-3321**

**APPLICATION FOR DEMOLITION PERMIT
CITY OF LOUISVILLE**

Fee _____ Permit Number _____

Date _____

Name of Applicant _____ Phone #

Name of Owner (if different)

Demolition Location Address

Name of Licensed Contractor _____ Phone #

Address of Contractor

City, State, Zip Code

Contractor's Federal I.D. Number

Date of Demolition

Supporting information:

Permit fees:

1. Garage or outbuilding - - \$50
2. Single-family, duplex, or triplex - - \$100
3. Four-unit or greater residential - - \$200
4. Commercial or industrial structure - - \$200

The Building Inspector shall be given at least 72 hours after an application has been filed excluding Saturdays, Sundays and holidays to inspect such buildings and structures. If it is found that

work can be executed safely in the manner proposed, a permit shall be issued thereof.

I certify that the information contained in this application and its supplements is true and correct.

Applicant's Signature