



Ashtabula County Health Department
 12 West Jefferson
 Jefferson, OH 44047
 440-576-6010 option 3
 achd@ashtabulacountyhealth.com

Date Paid _____
 Check # _____
 C&DD # _____
 Fee Paid _____
 Receipt # _____
 Initials _____

Application for Disposal of Construction and Demolition Debris (C&DD)
APPLICATIONS ACCEPTED BETWEEN 8:00 A.M. & 10:00 A.M. ONLY

Property owner's name: _____ Phone: _____

Address of structure to be demolished: _____ Township: _____

Distance from and name of nearest intersecting road: _____

Contractor who will dispose of C&DD: _____ Phone: _____

Address of contractor: _____

Type of structure: Residential _____ Commercial _____ Residential but previous Commercial use _____ Agricultural _____

Commercial Only:

- 1) ___ Attach copy of Ohio Environmental Protection Agency Notification of Demolition and Renovation/Abatement form.
- 2) ___ Attach copy of Asbestos report/Abatement.

Date(s) of demolition: _____

Name and address of the disposal facilities:

Recycling/Scrap Yard _____

Landfill _____

Other _____

Name and address of **Temporary (Not to exceed 2 years)** storage area for concrete, brick, or other clean hard fill:

Applicant's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Proposed disposal of C&DD is approved by the Ashtabula County Health Department:

 Registered Environmental Health Specialist Date

Inspection Record:

Date REHS Notes