

**VILLAGE OF CRAIG BEACH, OHIO
DEMOLITION ZONING PERMIT APPLICATION**

THIS APPLICATION MUST BE COMPLETED! LACK OF INFORMATION OR DETAILS WILL RESULT IN THE APPLICATION NOT BEING PROCESSED.

Please Print

Address of Demolition: _____

Parcel Number: _____ Lot Number: _____

Owner: _____ Contractor: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

Applicant (if not owner): _____

Existing Building: () Residential () Business () Accessory

Square Footage of Building: _____ County Tax Valuation: \$ _____

Describe use of property after demolition: _____

I, the undersigned, do hereby certify that all of the above statements are true to the best of my knowledge, and understand that any deviation, change or alteration not included or shown on this application alter the approval so granted. I further understand that the zoning permit, when issued, is valid for one year from date of issue. Should the permit fail to be issued/obtained within 30 days from the date of approval, this application becomes null and void. I further understand that a Demolition Permit must be issued by, and obtained from, the Mahoning County Building Department before work can, by law, commence.

Signature: _____ Date: _____

Granted: _____ Denied: _____ By: _____ Date: _____

Conditions and/or comments: _____

FEE: _____ PERMIT NUMBER: _____ () Cash; () Check# _____