



City of Madeira
 Building Department
 7141 Miami Avenue
 Madeira, OH 45243
 513-561-7228

RECEIVED: _____

Date

Fee: \$ _____ Date Paid _____

Permit No: _____

DISCLAIMER: ALL INFORMATION ON THIS FORM WILL BECOME PUBLIC RECORD

Demolition Permit

PROPERTY INFORMATION: please print

Address:	
Book, Page & Parcel number:	

APPLICANT: please print

Name:		Daytime Telephone #:	
Address:		Evening Telephone #:	
		Email Address:	

PROPERTY OWNER (if different from applicant): please print

Name:		Daytime Telephone #:	
Address:		Evening Telephone #:	
		Email Address:	

CONTRACTOR: please print

Name:		Telephone #:	
Address:		Email Address:	

DESCRIPTION OF DEMOLITION WORK: _____

ANTICIPATED DATE OF DEMOLITION: _____ **Estimated Cost** _____

Demolition work must be accompanied by a photograph of the existing structure showing gutters and other applicable drainage measures taken and the topography of the lot.

All permit holders shall be subject to the terms and conditions outlined in **Section 158.28 Maintenance of Property Being Developed or Excavated During Periods of Inactivity** of the City of Madeira Code of Ordinances. Additionally, the following items must also be followed (**please initial acknowledgement below**):

Initial:

_____ **Registered survey of the property** including grade elevations at the front corners of the existing structure is required.

_____ **Demolition permit is valid for 45 days from date of issue.** Construction must be started or excavation area must be filled and graded to a smooth surface that does not hold water.

