



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.

- _____ **Sidewalk and curb cut requirements** – applicants that intend to replace the existing sidewalk and driveway apron will be required to apply for a right-of-way access and sidewalk permit. This permit will require the contractor to close public access to the sidewalk during the construction and allow them to store construction material and equipment in the right-of-way.
- _____ **Pedestrian protection** – The work of demolishing any building shall not be commenced until pedestrian protection is in place. During demolition, a 36” high security fence must be installed around the site.
- _____ **Water accumulation** – Provision shall be made to prevent the accumulation of water or damage to any foundations on the premises or adjoining properties.
- _____ **Erosion Control** - Erosion control measures must be taken. Silt fence guidelines are attached to permit.
- _____ **Utility connections** – Service utility connections shall be discontinued and capped in accordance with the rules of the applicable governing authority.
- _____ **Site Cleanliness** – All debris and accumulation of material, including excess dirt, resulting from the demolition must be removed from the premises. All waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public right-of-ways. Additionally, all aspects of Section 158.28 must be followed.
- _____ **Dust Control** – Dust control is required as not to cause any adverse effects to adjacent properties or tenants.
- _____ **Hours of Construction/Operation** – Per Section 132.20, the hours of operation for any commercial construction are: Monday through Friday, 7:00am to 7:00pm; Saturday, 8:00am to 4:00pm. No work is permitted on Sundays, New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day.

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the ordinances of the City of Madeira, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct. I/we, the undersigned, understand and agree that failure to comply with any order of the City of Madeira building official may result in a citation and/or a stop work order.

Signature Print Name Date

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY



Plan Examiner’s Approval: _____ Date: _____

Zoning District _____	Permit Number _____	Issue Date _____
Inspection Fee \$ _____	BBS Fee \$ _____	ARO Fee \$ _____
		Total Fee _____