



**City of Wilmington**  
**Building & Zoning Dept.**  
 69 N. South St.  
 Wilmington, OH 45177  
 PH: 937-382-5134 FX: 937-655-8253

## APPLICATION FOR DEMOLITION PERMIT

Application Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 (Office Use Only)

### APPLICANT INFORMATION

Owner  Demolition Contractor  Other  \_\_\_\_\_

### PARCEL/PROPERTY INFORMATION

ADDRESS \_\_\_\_\_ PARCEL ID \_\_\_\_\_  
 Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### STRUCTURE/PROJECT INFORMATION

Description of Project: \_\_\_\_\_  
 Type of Structure: \_\_\_\_\_  
 Square Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Insurance Req'd:  Yes  No.  
 If Residential, Number of Dwelling Units: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

**FEE: \$25.00+\$0.25 (1% OBBS Residential Surcharge) OR \$25.00+\$0.75 (3% OBBS Commercial Surcharge)**

**\* Please note: This permit expires in 30 calendar days \***

**If demolition is not completed within 30 calendar days, a new permit is required to complete the job.**

**Per City ordinance 925.20, all debris generated within City limits must be brought to the City of Wilmington Landfill for disposal**

cc: Water Department, Streets/Service Department, Wastewater Department, Utility Billing Office, Landfill/Sanitation, County Auditor's Office