

**CITY OF GALLIPOLIS  
P.O. BOX 339  
333 THIRD AVENUE  
GALLIPOLIS, OHIO 45631  
740-441-6022**

**DEMOLITION APPLICATION**

**OWNER:**

**STREET ADDRESS**

**DAYTIME PHONE #**

**ADDRESS OF DEMO**

**TYPE OF UNIT TO BE DEMOLISHED**

**STRUCTURE**

**GARAGE  
OTHER**

**SHED**


**CONTRACTOR NAME**

**CONTRACTOR ADDRESS**

**CONTRACTOR REGISTERED**


**DEMOLITION FEES**

**LATE FEES**

**Residential**

**\$50.00**

**\$100.00**

**Commercial**

**\$75.00**

**\$100.00**

1. No person, firm or corporation shall move, relocate, remove or demolish any structure without a valid demolition permit.
2. Commercial Buildings must comply with Ohio EPA requirements.
3. Demolition permit is only good for 90 days of date of permit issued.
4. Contractor and/or owner is responsible for utilities to be turned off and disconnected before demolition or any other paperwork or approvals for the project. The contractor will also be responsible for marking utilities after demolition.
5. I hereby swear or affirm that all the information provided and drawings attached are to the best of my knowledge truthful and accurate. My signature below waives the City of Gallipolis from all liability.

**APPLICANTS SIGNATURE:**

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**DATE PAID**

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**RECEIPT #**

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**PERMIT #**

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