# ZONING PERMIT APPLICATION

## CITY OF CORTLAND, Trumbull County Ohio

400 North High Street Cortland, Ohio 44410 Phone 330.637.3916 Fax 330.637.4778 www.cityofcortland.org

## - Demolition -

➢ ***Property Data***

- Owner(s): _____
- Owner Address: _____
- Zoning District: (circle one) Residential: R-15 R-12 R-10 R-M R-MHP
  Commercial: C-1N O-D C-1 C-2 S-1 I-1
- Property Address (if different): _____Telephone #: _____

➢ ***Contractor Information***

- Company Name: _____ Contact : _____
- Address: _____Phone #: _____ Fax #: _____

➢ ***Building Information***

- Project(s): ❑ Residence ❑ Commercial Building ❑ Garage ❑ Other _____
- Description of the building: _____
- Setbacks (ft): Front: _____ Sides: _____ & _____ Rear: _____ Height: _____

➢ ***Requirements***

1. Call the water and sewer billing department to discontinue service at 330-637-3916, if necessary. An appointment to shut of the water and remove the meter will be made.
2. Call all other private utilities to make arrangement to disconnect service.
3. All abandoned storm drains and sanitary sewers must be capped with at least four inches of concrete before being covered.
4. All combustible materials, such as wood, paper, rags and all fuel tanks, both above and below ground, must be removed from the site.
5. Within thirty days, all basements or other excavated areas must be filled and graded. Fill material must consist of clean earth, brick, stone or concrete free of garbage or decaying material. The top six inches of fill must be clean soil.
6. All sidewalks, streets, or roadways damaged as a result of the demolition work shall be restored to its original condition by the owner, within thirty days, unless a longer time is approved by the Service Director. During demolition of the building and improvements, sidewalks, streets and roadways shall be maintained in usable condition.
7. The owner shall provide such safety devices and measures as are necessary to protect workers and the general public from danger during the demolition process.

| **FOR OFFICE USE ONLY:** | | |
|---|---|---|
| Permit Number: | Permit Fee: | Valuation: |
| Location: | | |
| Approval : | | Date: |