



City of Mount Vernon, Ohio Demolition Permit

-DEMO-

Site Identification				
Site Address: _____				
Parcel Number(s): _____				
Historic District?	Yes	No		
District?	High Street	Gambier Street	Main Street	Downtown

Project Information	
Type of Structure: _____	
Present Use: _____	
Proposed Start Date: _____	Expected Completion Date: _____
Disposal Facility: <i>If more than one facility is required, please provide this information for all facilities used.</i>	
Name: _____	
Address: _____	
Phone: _____	
Yes	No
Does the demolition include more than one single family residential building or a residential building containing more than four (4) dwelling units? If yes, please provide a copy of the Ohio EPA Notification of Demolition.	
Does this site require an asbestos survey? If yes, please provide a copy of the survey/results.	
Does the site have City water service?	
Does the site have City sanitary sewer service?	
Does the site have an existing water well? Provide a copy of the appropriate information from the Knox County Health Department.	
Does the site have a septic system? Provide a copy of the appropriate information from the Knox County Health Department.	
Does the site require Historical Review Commission certificate of appropriateness? If yes, attach a copy of the certificate.	

Contact Information	
Property Owner	Contractor
Name: _____	Name: _____
Firm: _____	Firm: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
e-mail: _____	e-mail: _____
Phone: _____	Phone: _____
Mobile: _____	Mobile: _____

Signature and Certifications	
I hereby certify that the demolition and related work will comply with the ordinances and rules and regulations of the City of Mount Vernon, Ohio. This includes all required inspections and certifications.	
Date: _____	_____
	Applicant's Signature

City Approval	
Date: _____	_____
	Brian Ball, City Engineer
Comments: _____	

Fee			
\$50.00	Total Fee Due	Date Paid: _____	Receipt No. _____