



Demolition Permit Application

Date Submitted: _____

Property Location: _____

If Corner Lot, Provide Cross Street: _____

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Contractor's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Number of buildings included in demolition: _____

Square Footage of Structure(s) to be demolished: _____

Reason(s) for demolition: _____

Additional Details: _____

*****PLEASE COMPLETE BACK*****

Applicant's Acknowledgement

I, the applicant, hereby acknowledge that I understand and agree that any error, misstatement or misrepresentation of material fact, whether or not deliberate, that might or would otherwise cause this application to be denied, or any material alteration or change in the plans, specifications or proposed structure accompanying this application made subsequent to the issuance of a permit relating to this application, without the approval of the City of Newton Falls, shall constitute sufficient ground for the immediate revocation of such permit.

I understand that I contact the Ohio Utilities Protection Service at 1-800-362-2764 to inform them of potential digging on property 48 hours prior to the demolition.

I, being duly sworn according to law, hereby swear and attest that I am the lawful owner or agent for the owner of the previously described property and that the allegations, representations and statements made in the attached application are accurate and complete to the best of my knowledge.

Owner or Owner's Agent Signature

Date