



CITY OF FOSTORIA
ZONING DEPARTMENT

213 South Main Street
Fostoria, OH 44830
419-435-8243
zoning@fostoriaohio.gov

Demolition Permit Application

Fee \$50.00

This is to certify that _____ has been given the right and
(Name of Contractor or Property Owner)

permission to demolish _____ located at
(Type of Building)

_____ in the City of Fostoria, _____ Ohio
(Address) (County)

Parcel Number _____

The conditions of this permit are that _____
(Name of Contractor or Property Owner)

Successor or assigns will save the City of Fostoria, Ohio harmless and provide to the Zoning Inspector of said City a certificate
evidencing liability Insurance coverage, Insuring from any injury or damage caused to any person and property either private or public
in an amount to be determined by the Zoning Inspector.

NOTIFICATION OF UTILITIES: Before any structure maybe demolished or removed, the owner or owner's agent shall notify all
utilities having service connection within that structure. The owner or owner's agent must obtain release from companies. Utility
companies must sign below before permit will be approved and issued.

Table with 4 columns: Utility Type, Status, Utility Type, Status. Rows include Water, Sewer, Storm Management (Due Now), Electric, Gas, Telephone.

The above utilities have been removed, sealed, or plugged in a safe and proper manner.

Said _____ further agrees that the bond attached to this permit is for the
(Name of the Contractor or Property Owner)

purpose of insuring that the building or structure will be demolished in a workmanlike manner, without unnecessary delay, and to
secure the payment to the City or any other person sustaining damage due to the demolition of the building or structure, any and all
such loss or damage.

Storm Water Management bill must be paid in full prior to Demo Permit being issued.

Date: _____ Compliance Officer (Storm Water Mgmt.)

Date: _____ Owner/Owner's Agent

Date: _____ Fire Marshall

Date: _____ Drain Layer

Date: _____ Zoning Inspector

For Office Use

Date _____ Receipt No. _____ Permit No. _____