

Village of Magnetic Springs
Zoning Regulation
Demolition Permit Application

This section filled out by Zoning Officer

Date Received _____.

Fee Paid \$ _____

Application No. _____

Application Fee MUST accompany this application
Payment Accepted by Check Only; payable to "Village of Magnetic Springs"
Application Fee: \$50.00

Building Type: _____

Street Name and Number: _____

City/Village: _____ County: _____ State/ZIP: _____/_____

Square footage of footprint of facility or portion of facility to be demolished: _____

Expected date of demolition commencement (Month/Day/Year): _____

Method/Mean of Demolition (check all that apply):



Wrecking
Burning



Implosion
Moving



Other (please explain): _____

NOTE: Burning requires additional authorization-please call.

Owners Name: _____

Address: _____

City: _____ County: _____ State/ZIP: _____/_____

Contact(s) Name: _____ Phone # ____ - ____ - ____

Contact Email: _____

Demolition Company Name: _____

Address: _____

City: _____ County: _____ State/ZIP: _____/_____

Contact(s) Name: _____ Phone # ____ - ____ - ____

Contact Email: _____

I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the structure to be demolished.

Signature _____ Printed Name: _____

Landfill receiving debris: _____

Under penalty of Perjury, I hereby certify that the information contained in this application is true and accurate to the best of my knowledge..

Signature of Building Owner: _____

Signature of Demolition Contractor: _____

Signature of Other (if needed): _____

Note: Be sure to check with the Union County Engineer's office for any further requirements or permits needed.
937-645-3018.

Please return this form with payment to the dropbox at the Village of Magnetic Springs Village Hall located at 30 Magnetic Street and inform the Zoning Officer thereafter.

Zoning Officer: Joe Wehinger

Phone Number: 614-678-1882 Email: wehingerj1@gmail.com