

# Demolition / Razing Permit

Portage County Building Department  
 449 S. Meridian Street  
 Ravenna, Ohio 44266  
 Phone: 330-297-3530 Fax: 330-297-3896

Date Received
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Permit # _____
Township _____
Village _____
Flood Map _____

Owner's Name \_\_\_\_\_

Site Address \_\_\_\_\_

City/Village/Township \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Parcel # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

\*\* Owner's New Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

For Commercial/Industrial structures, contact Environmental Protection Agency (EPA) at 330-963-1145. All debris must be transported to an approved dump site. Proof of discharge of debris must be submitted to the Portage County Building Department. Clean fill shall be added to level the area, with a minimum of 2" of topsoil and seeded with a layer of straw to complete the reclamation. **Notify the adjacent property owners three (3) days in advance of starting work. Call the Building Department (330-297-3529) to schedule a final inspection.**

## SEWER AND SEPTIC SYSTEMS

Contact the Health Department (330) 297-3502, and Water Resources (330) 297-3670. All piping (storm, sewer, and waste water) shall be sealed by an approved method. The ends of these lines are to be marked and platted for future connection. Final inspection is required.

1. Residential (1, 2 & 3 Family) dwellings	\$ 40.00	\$ _____
2. Non Residential Structures / Buildings	\$ 150.00	\$ _____
3% percent assessment fee for non-residential (see S.B. 359)		\$ _____
1% percent assessment fee for residential (see H.B. 175)		\$ _____
Penalty fee for starting work before permit is issued: Twice the normal fee		\$ _____
Total Fee		\$ _____

I hereby certify that the proposed work is authorized by the Owner of Record, that I am authorized to make this application as his/her agent. I agree to conform to all applicable laws and rules of the State of Ohio and the resolutions of Portage County.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: Portage County Treasurer**