

# City of Dublin

Building Standards • 5800 Shier-Rings Road • Dublin, Ohio 43016

Phone: (614) 410-4670 • Inspection Line: (614) 410-4680

## REMOVAL PERMIT

*(this form is not to be used for interior or partial demolitions, please complete the Commercial Building Permit Application for these usages)*

Application Number:		Date Applied:	
Job Address:		Parcel Number:	
Type of Structure(s) to be removed:			
Historic Structure: Y/N		Fire Department Training: Y/N	
Removal Completion Date:			
Owner or Agent (please print):		Telephone:	
Contractor:		Telephone:	
Dublin Contractor Registration Number:			

Please submit the following with this application, along with **\$180.00 fee**:

1. Proof of ownership (i.e. Auditor's webpage copy, deed, executed closing statement)
2. Documentation showing real estate taxes have been paid to date (i.e. Auditor's webpage copy)
3. Copy of completed utility statement (see attached)
4. Copy of EPA "Notification of Demolition and Renovation" stamped "received" by EPA (commercial only; for more information, please contact the EPA at 614-728-3816)
5. Signed "Hazardous Materials" affidavit from owner or agent (commercial or Fire Department training only); see attached
6. Site plan showing all structures on subject and adjacent properties (identify all structures to be removed)

Demolitions shall comply with the Ohio Building Code, Section 3303. Adjoining property shall be protected in accordance with the Ohio Building Code, Section 3307.

The owner and/or contractor assumes all responsibility for compliance with the City of Dublin, Code of Ordinances. All violations of the City of Dublin, Code of Ordinances shall be corrected at the request of the Division of Building Standards.

**Owner or Agent (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Zoning Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Building Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# Utility Statement

Utilities have been disconnected at the following address:

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	<u>Not Applicable</u>	<u>Date of Removal</u>	<u>Utility Work Order #</u> (If applicable)
ELECTRIC	<input type="checkbox"/>	_____	_____
NATURAL GAS	<input type="checkbox"/>	_____	_____
CABLE	<input type="checkbox"/>	_____	_____
TELEPHONE	<input type="checkbox"/>	_____	_____
PUBLIC WATER	<input type="checkbox"/>	_____	_____
PUBLIC SEWER	<input type="checkbox"/>	_____	_____

FUEL TANKS (PROPANE, FUEL OIL, GASOLINE, DIESEL, KEROSENE) Please describe plan for disposal of the above fuel tanks if applicable.

PRIVATE SEWAGE SYSTEMS AND WELLS: Please describe plan for removal/remediation of these types of systems.

The above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Hazardous Materials Affidavit**  
(Commercial Only)



CITY OF DUBLIN™

The following property \_\_\_\_\_ has been reviewed for hazardous materials and none exist or the hazardous materials have been abated.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Owner or Agent (print name) \_\_\_\_\_

(signature) \_\_\_\_\_

Notary Public \_\_\_\_\_



**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

**XII. Waste Transporter #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**XIII. Waste Disposal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**XIV. Emergency Demolition** (complete Item XIV and all other sections, only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. Emergency Renovation** (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.**

**XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.**

\_\_\_\_\_  
Signature of Owner/Operator                      Date                      Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.**

\_\_\_\_\_  
Signature of Owner/Operator                      Date                      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin, but no later than the following work day. (Form Revised 1/5/09)