

PERMIT NO. _____
FEE _____
DATE _____

**CITY OF ONTARIO
DEMOLITION PERMIT APPLICATION**

Applicant Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Contractor: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ FID/SSN: _____

Site Address: _____
Type of Structure: _____
Present Use: _____
Describe Proposed Demolition/Renovation: _____

Dumpsite Location: _____
NAME ADDRESS PHONE

Does the demolition or renovation include more than one single-family residential building or a residential building containing more than four (4) dwelling units? _____ Yes _____ No

Does site have an existing water well? _____ Yes _____ No
IF YES, CONTACT MARC HENKE AT 419-529-3846.

Water Well To Be Removed By: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Does site have city water service? _____ Yes _____ No
IF YES, CONTACT MARC HENKE AT 419-529-3846.

Does site have city sanitary sewer? _____ Yes _____ No
EITHER CASE – CONTACT PAUL GLEISINGER AT 419-529-6341.

Proposed Start Date _____ Expected Completion Date _____

Applicant Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

State EPA Permits Required? _____ Yes _____ No If yes, Permit No. _____

City Engineer Approval: _____ Date: _____