



City of Milford Demolition Application

745 Center St., Ste. 200, Milford OH 45150

Building Application/Permit Questions: Phone: (513) 248-5097 Email: plans@natinspect.com

Zoning Application/Permit Questions: Phone: (513) 248-5093 Email: pholbrook@milfordohio.org

WMSC Questions: Phone: (513) 576-5468 Email: nclayton@milfordohio.org

Type of Demolition: (Check One) Residential Commercial

Plans Required with Application: WMSC Final Grading

PLEASE PRINT	Name	Street Address	City, State, Zip	Phone Number & Email
Property Owner				
Applicant/ Contractor				

Demolition Site Address: _____

The following signatures must be obtained from the **Electric, Gas and Asbestos Abatement Survey** (if applicable) agencies listed below. If the agency is unable to sign off, the owner/representative may confirm and sign off on these disconnects with the understanding they will take responsibility that the information is true and correct. These sign offs must be completed before a permit can be issued. Once completed, return this form to the City of Milford's Building Department for processing.

Department or Utility	Signature	Date
Electric (verify electric has been shut off, meter removed and disconnected from structure)		
Gas (verify gas has been shut off, meter removed and disconnected from structure)		
COMMERCIAL / INDUSTRIAL STRUCTURES ONLY Asbestos Abatement Survey		

City of Milford Review:

Water – will need to verify the water is shut off, meter removed and disconnected from structure		
Sewer – will need to verify the sewer line is capped		
Fire Dept. – will need to verify that fire code compliance has been met		
Engineering – will need to verify the final grading plan is in compliance and site is secure until grading is complete		

Complete demolition is the removal of all slabs, foundation walls and footings. After demolition and capping of all utilities (when site is completed), call for inspection: 248-5097

Call for WMSC Final Grading Inspection: 576-5468

Owner/Owner Rep. Signature: _____ Date: _____

Office Use Only

Certificate Number: _____

Date to FD: _____ Date to WD: _____ Date to WWD: _____ Date to ED: _____

Date Zoning Approved: _____ Zoning Signature: _____

Date Building Approved: _____ Examiner Signature: _____

Date Engineering Approved: _____ Engineering Signature: _____