



DEMOLITION APPLICATION

Marion Township
Hancock County, Ohio

APPLICATION # _____

Please Print

Address of Demolition _____

Lot No. and/or Subdivision Name _____

Owner _____ Contractor _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Day Phone _____ Day Phone _____

Applicant (if not owner) _____ Day Phone: _____

Demolition Description

Explain nature of demolition _____

Materials to be demolished _____

Existing or previous use of property _____ Sq. Footage _____

Email completed application to the Zoning Inspector ([contact info on website](#))

Sq. Footage of building to be demolished _____ # of Dwelling Units _____

Describe use of property after demolition _____

Is the Accessory Building accessed from the street? _____

I, the undersigned, do hereby certify that all the above statements are true to the best of my knowledge, and understand that any deviation, change or alteration not included or shown on this application, after the approval is granted, shall nullify this permit.

Applicant Signature: _____ Date: _____

DO NOT FILL OUT BELOW THIS LINE

For Zoning Inspector Use Only

Zoning Permit: Granted _____ Denied _____

Zoning Inspector Name _____ Date: _____

Conditions and/or comments: _____