

DEMOLITION PERMIT APPLICATION

BOSTON TOWNSHIP
PO BOX 123
1775 Main ST.
PENINSULA, OH 44264

Name_____

Address_____

Phone_____Date_____

Authorized Agent_____

Address (if different) _____

Item(s) to be demolished _____

Starting Date _____Completion Date_____

Required, Summit County Permit No. _____

Hold Harmless Insurance Certificate_____

For Township Use:

Permit Number _____Issue Date _____

Fee Collected \$_____

By_____