

**CITY OF ELYRIA**  
**RESIDENTIAL MOVING & DEMOLITION APPLICATION**

<b>Job Location</b>	<b>Date Stamp</b>
Address _____	
Lot/Unit/Suite No. _____ Subdivision _____	

**Owner Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**Moving & Demolition Fees**

**Demolition of Building (sq. ft.)**

A. 500 or less	No Fee	_____
B. 501 – 5,000 (all floors)	\$100.00	_____
C. 5,001 – 10,000 (all floors)	\$200.00	_____
D. Over 10,000	\$300.00	_____

---

**Moving of Building (sq. ft.)**

A. 100 or less	No Fee	_____
B. 101 – 500	\$ 30.00	_____
C. 501 – 1,000	\$150.00	_____
D. 1,001 or more	\$200.00	_____

Subtotal \_\_\_\_\_

State Fee 1% of Subtotal \_\_\_\_\_ \$ \_\_\_\_\_

Total Cost \_\_\_\_\_ **(Cost of Proposed Work)**

\_\_\_\_\_ Date. \_\_\_\_\_

Signature of Owner, or Agent Responsible for Work  Check if Owner  Check if Agent

Date Approved. \_\_\_\_\_ Inspectors Initials. \_\_\_\_\_ Zoning \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Date Denied. \_\_\_\_\_ Comments. \_\_\_\_\_