



Ashtabula County Health Department  
 12 West Jefferson  
 Jefferson, OH 44047  
 440-576-6010 option 3  
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Date Paid \_\_\_\_\_  
 Check # \_\_\_\_\_  
 C&DD # \_\_\_\_\_  
 Fee Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Initials \_\_\_\_\_

**Application for Disposal of Construction and Demolition Debris (C&DD)**  
APPLICATIONS ACCEPTED BETWEEN 8:00 A.M. & 10:00 A.M. ONLY

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of structure to be demolished: \_\_\_\_\_ Township: \_\_\_\_\_

Distance from and name of nearest intersecting road: \_\_\_\_\_

Contractor who will dispose of C&DD: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of contractor: \_\_\_\_\_

Type of structure: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Residential but previous Commercial use \_\_\_\_\_ Agricultural \_\_\_\_\_

Commercial Only:

- 1) \_\_\_\_\_ Attach copy of Ohio Environmental Protection Agency Notification of Demolition and Renovation/Abatement form.
- 2) \_\_\_\_\_ Attach copy of Asbestos report/Abatement.

Date(s) of demolition: \_\_\_\_\_

Name and address of the disposal facilities:

Recycling/Scrap Yard \_\_\_\_\_

Landfill \_\_\_\_\_

Other \_\_\_\_\_

Name and address of **Temporary (Not to exceed 2 years)** storage area for concrete, brick, or other clean hard fill:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed disposal of C&DD is approved by the Ashtabula County Health Department:

\_\_\_\_\_  
 Registered Environmental Health Specialist                      Date

Inspection Record:

Date    REHS    Notes