Date\_\_\_\_\_\_\_\_\_\_\_\_ **City of Greensburg, Indiana** Permit #\_\_\_\_\_\_\_\_\_\_\_

**Demolition Permit Application**

**Greensburg Building Department Phone: (812)-662-8495**

**314 W Washington St Fax: (812)-662-6925**

**Greensburg, IN 47240**

**INSTRUCTIONS: Please print all information in INK. Not completing application may resulting in a delay of processing.**

**\*\*\*An asbestos evaluation by a certified inspector is required for all properties that have been used commercially\*\*\***

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**LOCATION OF PROPOSED DEMOLITION:**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot #/Subdivision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER OF PROPERTY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR RESPONSIBLE FOR PERMIT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABATEMENT CONTRACTOR** (must attach abatement):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMO START DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DEMO COMPLETION DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTENT OF DEMOLITION:** \_\_\_\_\_\_\_\_\_\_\_\_\_Residential \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commercial

**STRUCTURE USE BEFORE DEMOLITION:** (Mark all that apply)

\_\_\_\_\_\_\_\_\_\_Principal Structure \_\_\_\_\_\_\_\_\_\_\_Accessory Structure

\_\_\_\_\_\_\_\_\_\_Residential (circle zoning) R1 R2 R3 R4 \_\_\_\_\_\_\_\_\_\_\_Factory

\_\_\_\_\_\_\_\_\_\_Business (circle one) office professional service \_\_\_\_\_\_\_\_\_\_\_Storage

\_\_\_\_\_\_\_\_\_\_Assembly (circle one) A1 A2 A3 A4 A5 \_\_\_\_\_\_\_\_\_\_\_Storage Tanks

\_\_\_\_\_\_\_\_\_\_Mercantile (circle one) department store drug store \_\_\_\_\_\_\_\_\_\_\_Educational (including daycare)

\_\_\_\_\_\_\_\_\_\_Institutional (circle one) I1 I2 I3 I4 \_\_\_\_\_\_\_\_\_\_\_Tower (circle one) cell water

\_\_\_\_\_\_\_\_\_\_Hazardous (circle one) H1 H2 H3 H4 H5

**PROJECT SIZE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ # of stories

**SQUARE FEET:** \_\_\_\_\_\_\_\_Basement \_\_\_\_\_\_\_\_\_1st floor \_\_\_\_\_\_\_\_2nd floor \_\_\_\_\_\_\_\_ 3rd floor \_\_\_\_\_\_\_\_4th floor

HAVE ALL THE UTILITES BEEN DISCONNEDTED FROM THE BUILDING/DEMOLITION ZONE \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

**I, hereby, certify that I have the authority to make the foregoing application, that all information provided is accurate, and that all demolition will comply with all the ordinances and regulations currently adopted by the City of Greensburg, Decatur County, and Indiana Department of Environmental Management.**

**Owner/Contractor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asbestos Report included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Approved / Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_