

# DEMOLITION

## PERMIT APPLICATION

Columbus/Bartholomew County  
Department of Technical Code Enforcement

**Instructions:** Print all information in *ink*. Failure to provide requested information might delay the processing of this application. **For assistance call 812-379-1535.**

**\*\*AN ASBESTOS EVALUATION BY A CERTIFIED INSPECTOR IS REQUIRED FOR ALL PROPERTIES THAT HAVE BEEN USED COMMERCIALY.**

### Location of proposed demolition:

Address: \_\_\_\_\_  
Number N-S-E-W Street Name City

Lot #/ Subdivision (PUD): \_\_\_\_\_  
Lot # Subdivision

### Owner of above location:

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number N-S-E-W Street name Apt #  
City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

### Contractor responsible for this Permit:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Address: \_\_\_\_\_

Registration #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)/(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

### Abatement Contractor: (abatement report must be attached)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)/(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

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 of the ordinances and regulations currently adopted by Bartholomew County, the City of Columbus and the Indiana Department of Environmental Management. \*\*\*

Signature of Owner/Occupant

Signature of Contractor

Date

For Office Use Only

Application #: \_\_\_\_\_

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Township: \_\_\_\_\_

Map & Parcel #: \_\_\_\_\_

\*\* Asbestos Report: YES NO

Released: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: \_\_\_\_\_

Demo Start Date: \_\_\_\_\_

Demo Completion Date: \_\_\_\_\_

### Extent of Demolition:

Complete Partial

### Building/Structure's Use before Demolition:

Principal Structure

Both

Accessory Structure

Other: \_\_\_\_\_

(if **Mixed** mark all that apply)

Assembly- (circle type) A1 A2 A3 A4 A5

Business- Office, Professional, Service (B)

Mercantile (department stores, drug stores) (M)

Factory (F2)

Educational (includes daycare) (E)

Hazardous- (circle type) H1 H2 H3 H4 H5

Institutional- (circle type) I1 I2 I3 I4

Residential- (circle type) R1 R2 R3 R4

Storage (S1)

Storage Tanks (U1)

Towers (cell, water, etc.) (U2)

Project Size: \_\_\_\_ stories

Basement: \_\_\_\_\_ (square feet)

1st Floor: \_\_\_\_\_ (square feet)

2nd Floor: \_\_\_\_\_ (square feet)

3<sup>rd</sup> Floor: \_\_\_\_\_ (square feet)

Total sq. ft. (all floors): \_\_\_\_\_

**Have all utilities been disconnected in from the building and area of demolition?**

yes

no

\*\*\* Including filing a Notice of Demolition and Renovation Operations with IDEM