

# DEMOLITION

## Permit Application

City of Greensburg/Decatur County  
Department of Planning & Zoning

Please print or type information. Not completing application may result in a delay of processing. For assistance call 663-3344.

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

### Location of proposed demolition:

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

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

### Owner of above location:

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

### Contractor responsible for this permit:

Company name \_\_\_\_\_

Contact person \_\_\_\_\_

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

Phone # \_\_\_\_\_

Registration # \_\_\_\_\_

### Abatement Contractor (must attach abatement)

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 the ordinances and regulations currently adopted by the City of Greensburg, Decatur County and the Indiana Department of Environmental Management.

Signature of Owner/Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Permit # \_\_\_\_\_

Fee \$ 200.00

Asbestos report yes no

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Demo start date \_\_\_\_\_

Demo completion date \_\_\_\_\_

### Extent of demolition

Complete Partial

### Structure's use before demolition

Principal structure

Accessory structure

Both

Other \_\_\_\_\_

(Mark all that apply)

Assembly (circle type) A1 A2 A3 A4 A5

Business – office, professional, service (B)

Mercantile (department store, drug store) (M)

Factory (F)

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

1<sup>st</sup> floor \_\_\_\_\_ square feet

2<sup>nd</sup> floor \_\_\_\_\_ square feet

3<sup>rd</sup> floor \_\_\_\_\_ square feet

Total square feet (all floors) \_\_\_\_\_

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

Yes No