

## DEMOLITION PERMIT APPLICATION

*For Office Use Only*

**PERMIT NUMBER:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

### 1. BUILDING PERMIT APPLICATION (Check all that apply)

Application Submission Date: \_\_\_\_\_

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Residential     | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Industrial      | <input type="checkbox"/> Commercial   |
| <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Other _____  |

Variance Case number(s) (if applicable): \_\_\_\_\_

### 2. PROPERTY LOCATION/INFORMATION

Parcel Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Township: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Acreage: \_\_\_\_\_

Water Utility: \_\_\_\_\_ Electric Co: \_\_\_\_\_

Sewer Utility: \_\_\_\_\_ Zoning: \_\_\_\_\_

### 3. PROPERTY OWNER INFORMATION

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### 4. GENERAL CONTRACTOR INFORMATION

Name: \_\_\_\_\_ Contractor Registration #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**5. DETAILS OF DEMOLITION**

**TYPE OF FOUNDATION:**

- Concrete Block
- Poured Concrete
- Wood
- Other: \_\_\_\_\_

**EXTERIOR WALLS:**

- Masonry
- Wood Frame
- Structural Steel
- Other: \_\_\_\_\_

**DISPOSAL OF MATERIAL:**

Waste Hauler: \_\_\_\_\_  
 Disposal Site: \_\_\_\_\_  
 Hazardous Waste\*: \_\_\_\_\_  
 Hazardous Waste Site\*: \_\_\_\_\_  
 Hazardous Waste Contractor\*: \_\_\_\_\_

\*Notify Porter County HAZMAT Division

**SQUARE FOOTAGE INFORMATION:**

**Primary Structure:**

Entire Structure                       Addition  
 First Floor Sq Ft: \_\_\_\_\_  
 Second Floor Sq Ft: \_\_\_\_\_  
 Third Floor Sq Ft: \_\_\_\_\_  
 Basement Sq Ft: \_\_\_\_\_  
 TOTAL SQ FT: \_\_\_\_\_

**Accessory Structure:**

Entire Structure                       Addition  
 First Floor Sq Ft: \_\_\_\_\_  
 Second Floor/Loft Sq Ft: \_\_\_\_\_  
 TOTAL SQ FT: \_\_\_\_\_

**UTILITIES CONTACTED (check all that apply):**

**Gas:**  
 NIPSCO

**Electric:**  
 NIPSCO  
 REMC

**Telephone:**  
 Company: \_\_\_\_\_  
 Water/Sewage:  
 Private Well/Septic  
 Public: \_\_\_\_\_

*THE INFORMATION CONTAINED IN THE ATTACHED BUILDING PERMIT AND PLAN APPLICATION WITH ALL ATTACHED EXHIBITS, ARE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, TRUE AND CORRECT. THE OWNER, LESSEE, OR CONTRACTOR, HEREBY AGREES TO ABIDE BY AND COMPLY WITH THE CONDITIONS OF ALL BUILDING AND HEALTH LAWS OF THE STATE OF INDIANA, AND THE UNIFIED DEVELOPMENT ORDINANCE OF PORTER COUNTY, INDIANA, AND FURTHERMORE UNDERSTANDS THAT ANY VARIATION OR VIOLATIONS FROM THE PROVISIONS OF THE ABOVE MENTIONED LAWS AND ORDINANCES OR CONDITIONS AS STATED HEREIN SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT.*

Print \_\_\_\_\_  
 AGENT OR OWNER'S NAME (PRINT)

X \_\_\_\_\_  
 AGENT OR OWNER'S SIGNATURE

*OFFICE USE ONLY*

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PERMIT FEE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_  
 PERMIT NUMBER: \_\_\_\_\_