



CITY OF ANDERSON

Demolition or Building Relocation Application

Department of Municipal Development
120 East Eighth Street • Anderson, Indiana 46018
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

Kevin Smith, Mayor

Print in Ink • Incomplete Applications Will Not Be Processed • PERMIT VALID FOR 30 DAYS
NOTE: Contractor or Owner is Responsible for Utility Retirement Prior to Demolition Activities!

1. LOCATION OF DEMOLITION ACTIVITY Address: _____ Lot: _____ Subdivision: _____	4. DOCUMENTS REQUIRED WITH APPLICATION <input type="checkbox"/> Written statement authorizing demolition from the Recorded Title Holder of premises. <input type="checkbox"/> Asbestos Report; IDEM (10) Ten Day Notification Date Work Expected to Begin: ____ / ____ / ____ Date Work Expected to End: ____ / ____ / ____
2. PROPERTY OWNER INFORMATION Name: _____ Address: _____ Telephone: (____) ____ - _____ Fax: (____) ____ - _____ Email: _____	5. BUILDING RELOCATION Relocate Building New Address: _____ Improvement Location Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation Plan Presented: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. NATURE OF WORK TO BE ACCOMPLISHED Start Date: _____ Completion: _____ A. Category of Work: <input type="checkbox"/> Demolition <input type="checkbox"/> Moving of a Structure <input type="checkbox"/> Tank Removal B. Height of Structure: _____ C. Number of Stories in Structure: _____ D. Ground Floor Area in Sq. Ft.: _____ E. Type of Bearing Walls (if applicable): <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other _____ F. Class of Structure <input type="checkbox"/> Conventionally Constructed Building <input type="checkbox"/> Industrialized Building System <input type="checkbox"/> Other _____ G. Type of Structure <input type="checkbox"/> Principal Structure <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition to Structure <input type="checkbox"/> Other _____ H. Plans Provided <input type="checkbox"/> Yes <input type="checkbox"/> No I. Total Cost of Job _____	6. CONTRACTOR INFORMATION Company: _____ Address: _____ Telephone: (____) ____ - _____ Fax: (____) ____ - _____ Email: _____ Registered Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ Contact Person: _____ Immediate Contact Telephone: (____) ____ - _____ Email: _____ <i>I certify the information on this form is complete and accurate.</i> _____ Date: _____ Signature of Property Owner or Authorized Agent of Contractor
FOR OFFICE USE ONLY <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied <input type="checkbox"/> Special Conditions Initials: _____ _____ Date Approved: _____	