



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

Kris Ockomon, 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: _____

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____

3. NATURE OF WORK TO BE ACCOMPLISHED

Start Date: _____ **Completion:** _____

A. Category of Work:

Demolition Moving of a Structure 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):

- Masonry Pole Wood Frame
 Reinforced Concrete Structural Steel
 Other _____

F. Class of Structure

- Conventionally Constructed Building
 Industrialized Building System
 Other _____

G. Type of Structure

- Principal Structure Accessory Structure
 Addition to Structure Other _____

H. Plans Provided Yes No

I. **Total Cost of Job** _____

4. DOCUMENTS REQUIRED WITH APPLICATION

Written statement authorizing demolition from the Recorded Title Holder of premises.

Asbestos Report; IDEM (10) Ten Day Notification

Date Work Expected to Begin: ____ / ____ / _____

Date Work Expected to End: ____ / ____ / _____

5. BUILDING RELOCATION

Relocate Building New Address: _____

Improvement Location Permit Issued: Yes No

Foundation Plan Presented: Yes No

6. CONTRACTOR INFORMATION

Company: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____

Registered Contractor: Yes No # _____

Contact Person: _____

Immediate Contact Telephone: (____) ____ - _____

Email: _____

I certify the information on this form is complete and accurate.

_____ Date: _____

Signature of Property Owner or Authorized Agent of Contractor

FOR OFFICE USE ONLY

Application Approved Application Denied

Special Conditions Initials: _____

Date Approved: _____