



CICERO/JACKSON TOWNSHIP PLAN COMMISSION

# DEMOLITION

## PERMIT APPLICATION

**Instructions:** *Print all information in ink.* Failure to provide requested information might delay the processing of this application. **For assistance call 317-984-5845**

**\*\*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: (\_\_\_\_) \_\_\_\_\_

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

**Contractor responsible for this Permit:**

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

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

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

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 the Town of Cicero, Jackson Township and the Indiana Department of Environmental Management.**

\_\_\_\_\_  
Signature of Owner/Occupant  
Date:

\_\_\_\_\_  
Signature of Contractor

For Office Use Only

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

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

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

Accessory Structure

Both

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

**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**

**Approved by:** \_\_\_\_\_

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