



Community Development Services
 Planning Division
 City of Greenwood
 300 S Madison Avenue
 Greenwood, IN 46142
 (317) 887-5230
 (317) 887-5616 fax

**DEMOLITION PERMIT
 Residential Accessory Structure**

PERMIT APPLICATION REQUIREMENTS

**2-3 Business Day Review Time
 WE DO NOT OFFER ANY KIND OF EXPEDITING**

Review Time does not begin until we receive a complete Application Packet which includes:

- Application Form**
 - Owner Affidavit**
 - Site Plan showing location of structure(s)**
 - Erosion Control Plan (if site conditions warrant - this may be combined with the site plan)**
 - Utility Shut-Off Confirmation (if applicable)**
- NO FEES ARE DUE OR WILL BE ACCEPTED AT TIME OF APPLICATION**

You will be notified immediately if your application submittal is incomplete.

Utility Shut-Off Confirmation must include written proof that services have been disconnected for electric, gas, and water utilities. A copy of an email is acceptable.

FEES DUE AT TIME OF PERMIT ISSUANCE	
First building on premises:	\$50
Each Additional building:	\$25 each (excluding portable buildings)

CONTACTS		
Planning Division, Office of the Building Commissioner:	Lowell Weber, Building Commissioner Tony Magnabosco, Building Inspector Aaron Crute, Plan Reviewer Peggy Deer, Administrative Assistant Website: www.greenwood.in.gov	(317) 887-5230



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**APPLICATION FOR
 DEMOLITION PERMIT
 Residential Accessory Structure**

PERMIT NO.: _____

Application is hereby made for a permit to improve premises as described herein as shown in the accompanying **plans and specifications**, which improvement is to be located as shown on the accompanying **plot plan**. The information which follows and the accompanying plans, specifications and other information with the representations therein contained, are made a part of this application in reliance upon which the Planning Commission of the City of Greenwood is requested to issue a location improvement permit.

It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Planning Commission shall constitute sufficient ground for the revocation of this permit.

All building construction work, alterations, repairs, or mechanical installations and appliances connected therewith and other work necessary to complete the following improvement, shall comply with the State Building Rules and Regulations, local ordinances and such other statutory provisions pertaining to this class of work, and such rules, regulations, ordinances and provisions shall be considered a part of specifications, whether specified herein or not.

- 1) Date of Application _____ Date Approved _____ Date Issued _____
- 2) Name of Applicant _____ Phone _____
- 3) Address of Demolition _____
 Lot, Block, Section _____ in _____ Subdivision _____

- 4) Applicable Structure(s) No. of buildings _____
 Size(s) and description(s) _____

Staff Use	
PERMIT FEE	\$ _____
TECH FEE (1)	\$10.00
TOTAL FEE	\$ _____

- 5) Approximate Price of Project \$ _____
- 7) Name and address of contractor (If applicable):

- 8) Contact Person (if different than applicant): _____
 Phone Numbers: Home or Office _____ Cell _____

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

SIGNATURE OF APPLICANT: _____

SIGNATURE OF BUILDING COMMISSIONER: _____
 (or designated representative)

TO BE COMPLETED BY BUILDING DIVISION STAFF					
Airspace Zone?	_____ Yes	_____ No	Is Property in Floodway?	_____ Yes	_____ No
Eastside TIF Area?	_____ Yes	_____ No	Is Property in Floodway Fringe?	_____ Yes	_____ No
US 31/Fry TIF Area?	_____ Yes	_____ No	Is Building in Floodway/Fringe?	_____ Yes	_____ No
Parcel No. 41-____-____-____-____.____-____			School:_____	Library:_____	WRTFD:_____



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OWNER AFFIDAVIT

OWNER VERIFICATION FOR DEMOLITION OF RESIDENTIAL ACCESSORY STRUCTURE

Address _____

Parcel Number(s) _____

Lot No. _____

Subdivision _____

Description of structure(s) to be demolished:

I, the undersigned, do swear and affirm that I am the legal property owner of the above described property and give authorization for the demolition of the structure(s) on said described property.

I understand that any curb, sidewalk, or roadway that is damaged during the demolition process must be repaired or replaced, at owner's expense, in accordance with all City ordinances, and that a Right-of-Way Permit must be obtained from the City of Greenwood prior to commencement of any repair or replacement work.

I also understand that any impervious surface area remaining on the property will continue to be assessed a Stormwater Utility Fee in accordance with City of Greenwood ordinances.

Signature of Legal Property Owner: _____

Printed Name of Legal Property Owner: _____

Date: _____