



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

DEMOLITION PERMIT
**Primary Residential or
 Commercial 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**
 - Site Plan showing location of structure(s)**
 - Erosion Control Plan (this may be combined with the site plan)**
 - Utility Shut-Off Confirmation (see below)**
 - Impervious Surface Area Change Form**
- 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
Stormwater Management	Chris Jones, Superintendent Randy Weathers, Supervisor Mike Weaver, Inspector	(317) 887-4711
Johnson County Health Dept	Elizabeth Schultz	(317) 346-4373
	Chris Menze	(317) 346-4375



Erosion and Sediment Control Requirements

1. Sediment and erosion control devices shall be installed and functioning prior to beginning any project earth disturbing activities.
2. All sediment and erosion controls shall be inspected until construction is complete, the site is permanently stabilized.
3. All erosion control devices shall be properly maintained during all phases of construction until the completion of all construction activities and all disturbed areas have been permanently stabilized. Additional control devices may be required during construction in order to control erosion and/or offsite sedimentation. All temporary control devices shall be removed once construction is complete and the site is permanently stabilized.
4. All sediment and erosion control devices shall be inspected once every seven (7) calendar days. Damaged, ineffective, or incorrectly installed devices shall be repaired or replaced, as necessary, within 48 hours of identification.
5. Stabilization measures shall be initiated as soon as practicable in portions of the site where construction activities have temporarily or permanently ceased, but in no case more than fourteen (14) days after work has ceased.

**COMMUNITY
DEVELOPMENT
SERVICES**

Engineering Division

300 South Madison Avenue
Greenwood IN 46142

317-881-8698
greenwood.in.gov



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**APPLICATION FOR
 DEMOLITION PERMIT
 Primary Residential or Commercial 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 \$ _____

6) Is there a well on the property? **YES NO** Septic system? **YES NO**

7) List any impervious surface area that is to remain (driveway, private sidewalk, patio, parking, etc.):

8) Name and address of contractor (If applicable):

9) 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 PRIMARY COMMERCIAL OR RESIDENTIAL STRUCTURE

Address _____

Parcel Number(s) _____

Project Name _____

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.

In addition, I acknowledge that, as the owner of the above described property, I am responsible for any outstanding property taxes or liens due.

Signature of Legal Property Owner: _____

Printed Name of Legal Property Owner: _____

Date: _____



City of Greenwood Department of Stormwater Management

300 South Madison Ave, Greenwood, IN 46142

voice (317) 887-4711 fax (317) 887-5616

Impervious Surface Area Change Form

Physical Property Location:

Premise Address _____

Parcel Number(s) _____

Premise Phone Number _____

Owner Contact Information:

Owner Name _____

Owner Address _____

Owner Phone Number _____

Definition of Impervious Surface Area: Hard surface area that collects and concentrates run-off from a property or parcel of land.

Impervious surface area includes:

- a. Asphalt and concrete roadways, driveways and parking and storage areas
- b. Compacted gravel roadways, driveways and parking and storage areas
- c. Rooftops, sidewalks, patio areas and pool decks
- d. Other areas as deemed necessary and approved by the Board

Internal Use Only

Previous Impervious Surface Area (square feet) _____

Change of Impervious Surface Area (square feet) _____

Increase or Decrease (circle one)

Total Impervious Surface Area (square feet) _____

Reason for change (Permit # or) _____

Original to Department of Stormwater Management

Stormwater Management to deliver to Finance

Changes Made on (date) _____