



Community Development Services
City of Greenwood
300 South Madison Avenue
Greenwood, IN 46142
317.887.5230
www.greenwood.in.gov

INTERIOR DEMOLITION

Commercial or Residential

PERMIT APPLICATION REQUIREMENTS

15 Business Day Review Time

WE DO NOT OFFER ANY KIND OF EXPEDITING

ALL DOCUMENTS SHOULD BE SUBMITTED IN .PDF FORMAT TO
building@greenwood.in.gov.

You also have the option of applying for your permit through our online portal at:
<https://cityworks.greenwood.in.gov/GwdPermitPortal/template/login.aspx>

DUE TO ATTACHMENT SIZE LIMITATIONS, WE RECOMMEND USING A CLOUD-BASED FILE SHARING SERVICE FOR LARGE DOCUMENTS.

- ☐ Application Form - All items must be completed and the application must be signed.
- ☐ Scope of Work
- ☐ Construction Plans and/or Floor Plan

NO FEES ARE DUE OR WILL BE ACCEPTED AT TIME OF APPLICATION

FEES DUE AT TIME OF PERMIT ISSUANCE

Building Permit Fee	Interior Demolition	\$50
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CONTACTS		
Community Development Services	Kenneth Seal, Building Commissioner Matt Correa, Building Inspector Josh Frazee, Building Inspector Aaron Crute, Building Inspector Email: building@greenwood.in.gov	(317) 881-8698
Greenwood Fire Department	Tracy Rumble, Fire Marshal Ryan Angrick, Deputy Fire Marshal Email: GFDCodeenforcement@greenwood.in.gov	(317) 882-2599
White River Township Fire Department	Braden Prochnow, Fire Marshal Mathew Partain, Deputy Fire Marshal	(317) 888-8337
Stormwater Department	Chris Jones, Stormwater Superintendent Kai Werden, Stormwater Supervisor Mike Weaver, Technician Email: stormwater@greenwood.in.gov	(317) 887-4711
Johnson County Health Department	Food Services Plan Review and Inspection 460 N Morton St, Suite A Franklin, IN 46131 Web Site: https://co.johnson.in.us/departments/index.php?structureid=27	(317) 346-4365
Indiana Department of Homeland Security Construction Design Release	Filing Requirements and Fees Electronic Filing Information and Assistance Project Expedite Web Site: http://www.in.gov/dhs/2372.htm	(317) 232-6422 (317) 232-1426 (317) 232-1426



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**APPLICATION FOR
INTERIOR DEMOLITION PERMIT
Commercial or Residential**

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 and any applicable sewer permits.

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.

DATE OF APPLICATION _____ **Date Approved** _____ **Date Issued** _____

BUSINESS OR PROJECT NAME _____

LOCATION TO BE IMPROVED Address: _____ Suite _____

TYPE OF IMPROVEMENT **Commercial** or **Residential**

TOTAL SQUARE FEET OF DEMOLITION AREA _____

APPROXIMATE PRICE OF DEMOLITION \$ _____

SCOPE OF WORK

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

APPLICANT Name: _____ Phone _____

Address: _____

Email: _____

CONTRACTOR Name: _____ Phone _____
(if different than above)

Address: _____

ON-SITE CONTACT PERSON Name: _____ Phone: _____

Email: _____

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)