



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

DEMOLITION PERMIT
Residential Accessory Structure

PERMIT APPLICATION REQUIREMENTS

5-7 Business Day Review Time

WE DO NOT OFFER ANY KIND OF EXPEDITING

WE ARE NOW ACCEPTING ELECTRONIC SUBMITTAL THROUGH EMAIL.
 ALL DOCUMENTS SHOULD BE IN .PDF FORMAT.

Please submit all required items below to building@greenwood.in.gov.

- Application Form - All items must be completed and the application must be signed.
- Owner Affidavit
- Site Plans showing location of structure(s)
- Erosion Control Plan (this may be combined with the site plan)
- Utility Shut-Off Confirmations **(Must include written proof that services have been disconnected for electric, gas, and water utilities. A copy of an email is acceptable.)**

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

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:	Kenneth Seal, Building Commissioner John Brinkman, Building Inspector Aaron Crute, Building Inspector 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		(317) 346-4365



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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 _____
Email: _____

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) Date Work Scheduled to Begin _____

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

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



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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: _____



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