

MADISON COUNTY PLANNING COMMISSION
16 E 9TH STREET, BOX 13, ANDERSON, IN 46016

Applicant Must obtain approval from the surveyor's office for drainage tiles

DEMOLITION PERMIT APPLICATION

****All highlighted areas MUST BE completed.**

Demolition of this project shall start within six (6) months of the date of this permit. A Copy of the final inspection will be delivered to the Assessor's Office for the structures covered by this permit as noted on the aerial, so that they can be removed from the tax roll.

Owner's Information

Name _____ Phone # (s) _____

Owners Address, include City, State & Zip Code: _____

Project Address

Structure Information

What are you demolishing _____

of structures being demolished _____

Foundation type (eg. basement, crawl, slab) _____

Estimated cost of demolition: _____

Structure Information

Is the property owner the general contractor? _____ If no: _____

Contractor name _____ Phone # _____

Address, include City, State & Zip Code _____

REQUIRED DOCUMENTS

READ ATTACHED INSTRUCTION SHEET.

Signature of Landowner/Applicant

The above and foregoing information is true and correct to the best of my knowledge.

Signature of applicant/Builder

Date

Printed name of applicant

OFFICE USE ONLY

Approved by _____ Date _____

Signature required

Notes/restrictions: _____

Date submitted _____ Parcel number _____ Township & Section No. _____

Zoning district _____ Split date _____ MCPC pet. # _____ BZA pet. # _____

Road classification: Local Collector Arterial** Proposed ROW 30 40 50 ** Actual ROW _____

Required setbacks: front _____ plus ROW = _____ side (N,S,E,W?) _____ back _____

Actual setbacks: front _____ plus ROW = _____ side (N,S,E,W?) _____ back _____

Notes & restrictions: _____

Approved by _____ New address issued: _____

PERMIT NUMBER ASSIGNED _____