



INCORPORATED FEBRUARY 4, 1893

CITY OF ALEXANDRIA Demolition or Building Relocation Application

125 N. Wayne St. ~ Alexandria ~ Indiana ~ 46001
765-724-4633 Ph. ~ 765-724-7373 Fax

* Print in Ink. * Incomplete Applications Will Not Be Processed * PERMIT VALID FOR 30 DAYS
NOTE: Contractor or Owner is Responsible for Utility Retirement Prior to Demolition Activities!

1. LOCATION OF DEMOLITION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

3. NATURE OF WORK TO BE ACCOMPLISHED

Start Date: ____/____/____ Completion: ____/____/____

A. Category of Work:

Demolition Moving a Structure Tank Removal

B. Height of Structure: _____

C. Number of Stories in Structure: _____

D. Ground Floor Area in Sq. Ft.: _____

E. Type of Bearing Walls (if applicable):

Masonry Pole Wood Frame

Reinforced Concrete Structural Steel

Other: _____

F. Class of Structure

Conventionally Constructed Building

Industrialized Building System

Other: _____

G. Type of Structure

Principal Structure Accessory Structure

Addition to Structure Other: _____

H. Plans Provided Yes No

I. Total Cost of Job: \$ _____

4. DOCUMENTS REQUIRED WITH APPLICATION

Written statement authorization demolition from the Recorded Title Holder of premises.

Asbestos Report; IDEM (10) Ten Day Notification

Date Work Expected to Begin: ____/____/____

Date Work Expected to End: ____/____/____

5. BUILDING RELOCATION

Relocate Building New Address: _____

Date Work Expected to Begin: Yes No

Date Work Expected to End: Yes No

6. CONTRACTOR INFORMATION

Company: _____

Address: _____

Telephone: _____

Email: _____

Registered Contractor: Yes No # _____

Contract Person: _____

Immediate Contact Telephone: (_____) _____ - _____

Email: _____

I certify the information on this form is complete and accurate.

Date: _____

Signature of Property Owner or Authorized Agent of Contractor

FOR OFFICE USE ONLY

Application Approved Application Denied

Special Conditions Initials: _____

Date Approved: ____/____/____

Signature(s):

Signature of Land Owner or Contractor:

Date: ____ / ____ / ____

Sign Name(s) Here

Print Name(s) Here

For Office Use Only:

Permit #: _____

Fees: _____

Date: ____ / ____ / ____

Receipt #: _____

Check #: _____

Zoning: _____

Signature of Building Official: _____

Date: ____ / ____ / ____