



# CITY OF ANDERSON

## Demolition or Building Relocation Application

Department of Municipal Development  
120 East Eighth Street • Anderson, Indiana 46018  
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

**Thomas J. Broderick, Jr. Mayor**

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

<b>1. LOCATION OF DEMOLITION ACTIVITY</b> <b>Address:</b> _____ Lot: _____ Subdivision: _____	<b>4. DOCUMENTS REQUIRED WITH APPLICATION</b> <input type="checkbox"/> Written statement authorizing demolition from the Recorded Title Holder of premises. <input type="checkbox"/> Asbestos Report; IDEM (10) Ten Day Notification Date Work Expected to Begin: ____ / ____ / ____ Date Work Expected to End: ____ / ____ / ____
<b>2. PROPERTY OWNER INFORMATION</b> <b>Name:</b> _____ <b>Address:</b> _____ <b>Telephone:</b> (____) ____ - ____ Fax: (____) ____ - ____ Email: _____	<b>5. BUILDING RELOCATION</b> Relocate Building New Address: _____ Improvement Location Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation Plan Presented: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. NATURE OF WORK TO BE ACCOMPLISHED</b> <b>Start Date:</b> _____ <b>Completion:</b> _____ A. Category of Work: <input type="checkbox"/> Demolition <input type="checkbox"/> Moving of a Structure <input type="checkbox"/> 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): <input type="checkbox"/> Masonry <input type="checkbox"/> Pole <input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other _____ F. Class of Structure <input type="checkbox"/> Conventionally Constructed Building <input type="checkbox"/> Industrialized Building System <input type="checkbox"/> Other _____ G. Type of Structure <input type="checkbox"/> Principal Structure <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition to Structure <input type="checkbox"/> Other _____ H. Plans Provided <input type="checkbox"/> Yes <input type="checkbox"/> No I. <b>Total Cost of Job</b> _____	<b>6. CONTRACTOR INFORMATION</b> <b>Company:</b> _____ <b>Address:</b> _____ <b>Telephone:</b> (____) ____ - ____ Fax: (____) ____ - ____ Email: _____ Registered Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ Contact Person: _____ Immediate Contact Telephone: (____) ____ - ____ Email: _____ <i>I certify the information on this form is complete and accurate.</i> Date: _____
<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied <input type="checkbox"/> Special Conditions Initials: _____ Date Approved: _____	