



CITY OF CARMEL
DEMOLITION PERMIT APPLICATION
 For Commercial and Residential Demolitions

PERMIT # _____

BUILDER OF RECORD	NAME	PHONE	FAX
	STREET ADDRESS	CITY	STATE ZIP
	E-MAIL ADDRESS	BEST METHOD OF CONTACT	
PROPERTY OWNER	NAME	PHONE	FAX
	STREET ADDRESS	CITY	STATE ZIP
PROJECT LOCATION	PROJECT OR TENANT	COMPLEX AND/OR BUILDING	NUMBER OF FLOORS
			ELEVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
	STREET ADDRESS, INCLUDING SUITE NUMBER	CITY	STATE ZIP
	HAMILTON COUNTY PARCEL NUMBER	ZONING	FLOOD ZONE/S
LOT SPLIT <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER UTILITY	WATER UTILITY	SEWER/WATER UTILITIES EXCAVATOR
TYPE OF PERMIT EARLY RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CONSTRUCTION		Number of Units _____
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INSTITUTIONAL - <input type="checkbox"/> Municipal / Public Building <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> MULTI-FAMILY		
	TYPE OF IMPROVEMENT		
	<input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> NEW TENANT FINISH <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> ACCESSORY BUILDNG <input type="checkbox"/> CELL TOWER <input type="checkbox"/> ADDITION - <input type="checkbox"/> Room/s <input type="checkbox"/> Porch <input type="checkbox"/> Deck <input type="checkbox"/> REMODEL <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CO-LOCATE		
PROJECT	PLAN COMMISSION / BZA / BPW DOCKET NUMBER/S AND/OR TAC DATE/S	ESTIMATED COST OF CONSTRUCTION, EXCLUDING LAND	SQUARE FOOTAGE
	PDF PLANS <input type="checkbox"/> CD <input type="checkbox"/> E-MAIL	TYPE OF FOUNDATION	MANUFACTURED TRUSSES
	<input type="checkbox"/> SLAB <input type="checkbox"/> BASEMENT - <input type="checkbox"/> WALK-OUT <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> POST & PIER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO PORCH <input type="checkbox"/> YES <input type="checkbox"/> NO

Class I structure permits are subject to the State of Indiana General Administrative Rules (GAR 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and the Carmel Unified Development Ordinance (Z-625-17) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a Certificate of Occupancy or of Substantial Completion has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____ Printed Name _____ Date _____

REQUIRED BASE INSPECTIONS *

* Additional inspections may be required.

Site / Final

Reviewed / Released – Department of Community Services _____ Date _____

PERMIT FEES

Filing / Review	_____	Re-Review	_____
Base Inspections	_____	Other	_____
Cert. of Occupancy	_____		
P.R.I.F.	_____		
TOTAL	_____		

Fee Received – Department of Community Services _____ Date _____



Demolition Permit Requirements

City of Carmel / Clay Township

Building & Code Services

One Civic Square, Carmel, IN 46032

Ph: (317) 571-2444 Fax: (317) 571-2499

Review and Issuance of a permit requires that the following must be submitted:

1. Completed Application (Application is a three-part form available in the Building & Code office) **Note: A separate permit application must be completed per parcel**
2. Provide a Utility Disconnect Receipt or Letter from each provider on Location
3. **Two Copies** of a Site Location/Site Plan (on paper no larger than 11" X 17") with the following information and nothing less:
 - Tax Map Parcel Number for the parcel on which the demolition is to occur
 - Location of all structures on the lot, with the structures dimensions
 - Property boundaries and dimensions including distances to the structure(s) to be demolished
 - All neighboring structures within 100 feet of the proposed demolition
 - Streets, alleys, other manmade or natural features, north arrow, sidewalks, aprons, etc.
 - Location of proposed dumpster, if used
 - Location of all Utilities
4. Provide **Certified Plumbing Contractor** information (*Contractor who will cap the sewer line at the property line*)
5. **Right of Way Permit** required from the City of Carmel Engineering Office (317) 571-2441
6. If the project will disturb ¼ acre or more, then a **Storm Water Permit** must be obtained from the City of Carmel Engineering Department. Please call the Storm Water Administrator at 317-571-2441 for more information. (1/4 acre=1,890 square feet or approximately 100'X110')
7. Historic Preservation Committee approval required. Building & Code Services will notify committee members.
8. This form completed and signed by the appropriate departments.

The following must be complied with once permit is issued:

- A demolition permit will be issued when a structure is to be removed completely, including the foundation, and the property **must be graded and seeded after removal** unless new construction will take place within ninety (90) days on the location.
- Work shall start immediately and must be completed **180 days** from issuance
- The progress of the work shall be executed so as not to create a danger to the public
- **All rubble and debris** from demolition to be removed from parcel before site inspection can be performed
- **Must meet all requirements** of the codes and Ordinances (existing well, septic, fuel tanks)
- The applicant or owner is responsible for obtaining a certified plumbing contractor to cap the sewer at the property line. **NO PERMIT REQUIRED FOR SEPTIC TANK CRUSH AND FILL** if applicable. Removal and/or crush and fill of tank to be included on demolition permit, septic tank to be pumped and either filled or crushed as part of demolition contractors responsibility

Complete the Following:

Address of demolition

Tax Map Parcel #

Owner(s) Name and Address

Additional Structure(s) on site: Yes / No (If yes, please list the number and type(s) of structure on the lines provided. If one of the structures has a separate street address than the primary structure on the parcel—please also include that information.) _____

The City of Carmel and/or Hamilton County Health Dept. must perform an inspection prior to demolition. In order to approve the demolition permit, the **applicant is required to sign this form and obtain the signatures of the individuals listed below.** (This can be done by FAX to their offices, at the numbers listed below)

1. Brett Ransford: Carmel Utilities.

Phone (317) 733-2855. FAX (317) 733-2053.

Is property on both water **and** sewer through the City of Carmel Utilities? Yes No
If "yes", Hamilton County Health Department signature below is not required.

2. Jason LeMaster: Hamilton County Health Dept.

Phone (317) 776-8500. FAX (317) 776-8506.

Signature: Brett Ransford (or representative) Date

Signature: Jason LeMaster (or representative) Date

CERTIFICATE OF AUTHORITY

Under the penalties of perjury (Indiana Code 35-44-2-1), I hereby affirm, under oath, that all of the information I have provided in this application for demolition permit is true and accurate, to the best of my knowledge and belief, and that I have not knowingly or intentionally provided or omitted any information that would tend to hide, obscure, or otherwise mislead the Department of Community Services regarding the truth of the matters addressed therein.

Further, I assert that I am the property owner, or the authorized and lawfully appointed agent of the owner(s), that I have express authority and permission from the owner(s) (and anyone with a recorded interest or other interest in the property), to take this requested action, and that I agree to indemnify and hold harmless the City of Carmel from any claim, lawsuit, demand, or damages whatsoever arising out of, or as a result of, this request or the actions of the City of Carmel, regarding same.

Applicant's Signature Date

(Name printed) Applicants Phone #

Applicant's Address City, ST Zip

STATE OF INDIANA)
 SS
County of _____)

Before me, the undersigned, a Notary Public for _____ County, State of Indiana, personally appeared _____ and acknowledged the execution of the foregoing instrument this _____ day of _____, 20 ____.

Notary Public My Commission Expires:

(Print)