Demolition Permit Requirements

City of Carmel / Clay Township

Building & Code Services; City of Carmel
One Civic Square; Carmel, IN 46032 Ph. (317) 571-2444 Fax (317) 571-2499

TO BE SUBMITTED WITH APPLICATION*: Two copies of a site location map--clearly identifying the structure or structures to be demolished, (on paper no larger than 11 inches by 17 inches) the Tax Map parcel number for the parcel on which the demolition is to occur, and this form signed by the appropriate departments. ***(*Application is a three-part form available from the Building & Code Services office.)***

NOTE:

- A separate permit application must be completed per parcel.
- Certain inspections are required relating to private wells, septic systems, and fuel tanks, **prior to demolition.**
- Should approvals be required from other State or local government entities, or utilities (other than those addressed herein), it is the sole responsibility of the contractor of record to obtain such approvals.

Existing well: **Well must be plugged according to Well Ordinance A-62.**

Existing septic: **Septic system must be pumped and filled with sand, or removed. If septic system is to be reused, it must be plugged off until ready for re-use.**

Fuel Tanks: **Fuel tanks must be pumped and removed from building and/or property.**

_____ _____

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.)

_____

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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) Include this completed form with all appropriate signatures (ON THE REVERSE OF THIS PAGE) when you submit your application package.***

1. ***John Mascari: Carmel Utilities.***
   Phone (317) 733-2855. FAX (317) 733-2053.
2. ***Barry McNulty: Hamilton County Health Dept.;***
   Phone (317) 776-8500. FAX (317) 776-8506.

Signature: John Mascari (or representative) Date

Signature: Barry McNulty (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 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)