



Planning & Zoning  
300 Corporate Dr, Room 208  
Jeffersonville, IN 47130

Demolition Permit Application

Application Date: \_\_\_\_\_ Date work to commence: \_\_\_\_\_

Applicant/Contractor \_\_\_\_\_

Applicant/ Contractor Address: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Property Owners Address: \_\_\_\_\_

DEMO SITE ADDRESS: \_\_\_\_\_

Location debris to be disposed of: \_\_\_\_\_

I certify that the property is covered by insurance: \_\_\_\_\_

Signature

Insurance company Name: \_\_\_\_\_

Insurance company Address: \_\_\_\_\_

Barricades will be provided while the work is being completed.

Approximate date of demolition: \_\_\_\_\_

**Commercial properties require a copy of the asbestos report to be submitted to John Clevenger with Environment Management Office, Asbestos Section.**

**Notify all Utility Agencies to meet any of their requirements.**

\_\_\_\_\_  
Contractor's Signature