

WESTFIELD-WASHINGTON TOWNSHIP DEMOLITION PERMIT APPLICATION

OFFICE USE ONLY

PERMIT #: _____

RECEIVED DATE: _____

APPLICANT INFORMATION

BUILDER OF RECORD (COMPANY): _____ TELEPHONE: _____

ADDRESS: _____

NAME OF CONTACT PERSON: _____ EMAIL: _____

PROPERTY OWNER'S NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY INFORMATION

LOT #: _____ SECTION #: _____ SUBDIVISION: _____ ZONING DISTRICT: _____

ADDRESS OR PROPERTY LOCATION: _____ ZIP CODE: _____

COUNTY PARCEL ID #(S): _____ CURRENT USE: _____

TYPE OF WATER SUPPLY: Public System NAME OF SYSTEM: _____

Private System WELL PERMIT #: _____

TYPE OF SEWAGE DISPOSAL: Public System NAME OF SYSTEM: _____

Private System PRIVATE / SEPTIC PERMIT #: _____

Is the property in a special flood hazard area, as established by the Federal Emergency Management Agency - National Insurance Program (FEMA-NFIP), as per flood insurance rate map (FIRM)? Yes No

FEMA-NFIP PANEL #: _____ IF YES, FLOOD ZONE DESCRIPTION: _____

IMPROVEMENT INFORMATION

RESIDENTIAL

- One-family Detached
- Two-family Attached
- Townhomes (___ Units)
- Accessory Building
- Other: _____

NON-RESIDENTIAL

- Retail / Commercial
- Office / Professional
- Industrial
- Multi-family (___ Units)
- Accessory Building
- Other: _____

TYPE OF DEMOLITION

- Structure
- Foundation
- Driveway
- Partial
- Sidewalk
- Other: _____

FUTURE USE

- New Home / Rebuild
- Commercial Development
- Demolition Only
- Other: _____ Demolition Size: _____ SQ. FT.

ESTIMATED COST OF DEMOLITION (EXCLUDING LAND): \$ _____

REQUIRED DISCONNECT LETTERS: Gas Water Power

Notice: if suspending trash pickup, all residential trash containers on the property must be placed at the road for removal.

TOTAL # OF RECEPTACLES:

- Trash (Black Lid)
- Recycle (Yellow Lid)
- Date available at curb: _____

CERTIFICATION & NOTICE OF INTENT TO COMPLY

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that construction will comply with, and conform to all applicable laws of the State of Indiana. I further certify that the construction will conform to the regulations in the Building Code, the Zoning Ordinance, or private, of the governing jurisdiction, which may imposed on the above property by deed. I further certify that the construction will not be used or occupied until proper certificates of occupancy and compliance are filed with the governing jurisdiction.

Authorized Agent (signature)

Authorized Agent (printed)

Date

REQUIRED PERMIT APPLICATION ATTACHMENTS

ONE (1) PRINTED COPY PLUS ONE (1) DIGITAL (PDF) COPY OF THE FOLLOWING SHALL BE INCLUDED WITH APPLICATION:

- Legal description of property (if not located within a recorded subdivision)
- Site plot/plan showing:
 - Property lines
 - Location of existing structures (labeling size and dimensions from property lines)
 - Location of right-of-way and all easements (drainage, utility)
 - Scale, north arrow, address (and/or subdivision lot #)
- Improvement blueprints of plot plan of building(s)/structure(s) being demolished
- Erosion control application
- Required disconnect letters:
 - Gas
 - Water
 - Power

Submit digital copies to
<https://files.westfield.in.gov/filedrop/nwoerner@westfield.in.gov>

DEPARTMENT NOTES:

RESIDENTIAL DEMOLITION VERIFICATION

affecting City of Westfield billing rates & Rays Trash Service containers

Prior to demolition of a home in the City of Westfield:

All trash and recycling containers,
property of Rays Trash Service, must
be placed at the road for removal.

Please complete the information below and submit this form with the demolition permit application.
Thank you.

Date: _____

To the City of Westfield:

In regards to the home at _____

slated to be demolished on _____, this confirms that _____ trash
container(s) green with a black lid and _____ recycle container(s) green with a yellow lid,
belonging to Rays Trash Service, are located outside at the road.

I understand that the above listed containers should remain accessible at the
property for removal by Rays Trash Service.

Signature: _____

Title: _____

SUBMIT FORM