



Delaware County Demo Permit Application

Building Commissioner

Phone (765)747-7799

Permit #

Date Issued:

Please Print

| | | |
|-------------------|-----------|------------|
| Application Date: | Sidwell # | Township: |
| Property Address: | | |
| Property Owner: | | Telephone: |
| Email Address: | | |

Project Information

| | | | |
|---|---|-----------------|---|
| <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Agricultural <input type="radio"/> Industrial | Number of Structures: | Estimated Cost: | Estimated Completion Date: |
| | Building Type: <input type="radio"/> Wood Frame <input type="radio"/> Steel Frame <input type="radio"/> Masonry | | Asbestos Inspection: <input type="radio"/> Yes <input type="radio"/> No |
| | Explain how/where structure will be disposed of: | | |
| | | | |

IS A WATER WELL ON THE PROPERTY THAT WILL NO LONGER BE USED: Yes No

Water wells no longer in use must be disconnected and grouted full by a licensed well contractor

Demolition Contractor Information

| | |
|----------------|--|
| Company Name: | Contact Person: |
| Email Address: | Phone: Reg# |

Applicant Signature: Date:

FOR OFFICE USE ONLY

Building Commissioner Approval: Date:

| | | | |
|-------------|------------|----------|----------|
| Permit Fee: | Date Paid: | CH/CA/CC | Receipt# |
|-------------|------------|----------|----------|

Inspection Remarks: Date: By:

Assessor Office: Date: Addressing: Date:

OFFICE NOTES: