

Office Use:

**Demo Complete:** 

Address (if needed)

**Assesor Office:** 

## **Delaware County Demolition Permit Application**

Building Commissioner Muncie, IN 47305

100 W Main Street, Room 206 (765)747-7799 Fax(765)747-7744

				Permit #			
				Date Issued:			
Please Print							
Application Date:	Sidwell #	Sidwell #		Township:			
Property Address:							
Property Owner:				Telephone:			
Owner Address:				-			
		Project Info	rmation				
O-Residential	Number of Structures: Estimated Cost:			Estimated Completion Date:			
O-Commercial	Building Type: O-Wood Frame O-Steel Frame		e O-Masonry	Asbestos Inspection: O-Yes O-No			
O-Agricultural	Explain how/where structure will be disposed of:						
O-Industrial							
•							
IS A WATER WELL ON 1	THE PROPERTY THAT WIL	L NO LONGER BE US	ED: O-Yes	O-No			
Water wells no longer in	n use must be disconnect	ed and grouted full b	y a licensed well	contractor			
	Demo	lition Contrac	tor Inform	ation			
Name:				Registration Number:			
Address:							
Contractor Contact:		Telephone:		Cell Phone:			
Permit Fee: Date Paid:		d:	CH/CA/CC	Receipt#	Receipt#		
	<b>.</b>						
Applicant Signature:					Date:		
Address to mail permit:							
City:			State:	Zip:			
Building Commissioner			Date:				
Construction must start within	n 180 days of approval. Permits	s good for 1 year but may b	e extended by appe	al. The fine for starti	ng without a permit is	\$700	

By:\_