

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

PERMIT NO:

Date: _____

Demolition Permit Application

Applicant: _____

Phone No. _____

Address: _____

Owner: _____

Phone No. _____

Address: _____

Past Use of Property: _____

Detailed Description of Demolition Plan:

Where and How will waste be disposed of: _____

Detailed Location of Demolition: _____

Reason for Demolition: _____

Demolition Start and Finish Dates: _____

Date IDEM Contacted: _____

Signature of Applicant: _____

**ALL PROPERTIES SHOULD BE GRADED AND RESEEDED UPON
COMPLETION OF DEMOLITION.
Inspections will be made by the City Building Inspector upon Completion
of the Demolition Project.**

FOR OFFICE USE ONLY

Date Received: _____

Notes: _____

FEE: _____

Signature of Inspector: _____

Signature of Planning & Community Development Administrator: _____