CORYDON, INDIANA PLANNING COMMISSION

Demolition Permit Application

219 N. Capitol Ave. **Phone:(812)-738-3958** **Fax:(812)-738-6308**

Date:_____

Name of applicant:_____

Address of premises:_____

Phone Number:_____ **Email:**_____

Name of property owner:_____

Address:_____

Contractor:_____

Date(s) of Proposed Demolition:_____

Approximate Cost: $_____

Is this property in the historic district?_____

If yes - has this work been approved by the Historic Preservation Commission?

_____

Insurance Agency & Contact Info: *Certificate of Liability Insurance must be provided.*

_____

Lot #_____ **Plat #**_____ **Lot Size** _____

Zone Area _____ **Present Use** _____

Permit to run for:_____ **Days**

Will a dumpster be used? _____ **How long in place?** _____ **Size:** _____ **YD**

Where will dumpster be placed at property? _____

****If dumpster will be placed on the street safety cones need to surround the dumpster the entire time it is there.****

I furthermore agree , if granted a permit for the above-described demolition at the location designated, I will observe and conform to all laws, ordinances and regulations affecting development in the Town of Corydon and consent to inspection by the Planning Commission of the premises for which permit is granted during, and on completion of, the demolition authorized. If the demolition violates any terms or conditions of the Corydon Planning and Zoning Ordinance or the Subdivision Control

Ordinance (e .g . set-back requirements), the Corydon Board of zoning Appeals is under no obligation to grant a variance; in fact, such violations could result in substantial loss, damages, or fines to the applicant.

Owner or authorized representative _____

Contractor _____

Date_____