



**Putnam County**  
**Building & Planning Department**  
 1 Courthouse Square 4<sup>th</sup> Floor Room 46  
 Greencastle, IN 46135  
 (765) 301-9108

FOR OFFICE USE ONLY	
Fee _____	
Permit Number _____	
Date Issued _____	
Approved By _____	

**APPLICATION FOR DEMOLITION**

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Structure

Residential                      Number of Stories \_\_\_\_\_

Commercial/Industrial              Total Square Feet \_\_\_\_\_

Accessory Building    Type \_\_\_\_\_                      Cost of Demolition \_\_\_\_\_

**PERMIT REQUIREMENTS: Individuals who signs the permit shall be responsible for locations, accessing and capping any and all existing sewer and septic lines. Prior to covering the cap, a mandatory inspection must be completed by either the Wastewater Treatment Department or the County Health Department.**

State of Indiana statue also requires a demolition permit applicant to reveal the location where the debris created from the demolition will be dumped. The address or location of that site must be listed below:

\_\_\_\_\_

\_\_\_\_\_

**The Applicant is responsible for keeping all debris, dirt, gravel, and mud out of the county roads, rights-of-way, or other such thoroughfares. All dust must be kept to a minimum.**

Questions concerning these directives and requirements should be directed to the Putnam County Planning and Building Department at (765) 301-9108.

*I hereby certify that I have the authority to make the Foregoing application, that the application is correct, and that the demolition shall conform to the regulations in the Putnam County Building and Zoning Ordinances.*

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Printed Name of Owner or Authorized Agent

\_\_\_\_\_  
 Date Signed