## **Demolition Permit Application**

To: The Administr	ative Officer and the Gas C	city Advisory Board of Zoning App	peals:
Date:	, 20 Permit No		
Name of Applicant	::		
Owner:			
Contractor	:		
the Zoning Genera	•	ding Permit in conformity with the mended and restated by General following construction:	•
Property address:			
	Gas City, IN 46933		
Legal description o	of property: (Lot No; Additi	on Name):	
Demolition Type: Full portion of wall(s) and roof to be demolished.		_Partial – Identify the exterior wall(s), roof, or	
Square Feet:		Foundation Type:	
Estimated Cost of Demolition: \$		No. of Stories:	
Building Materials	:		
Start Date:	20	End Date:	20
Disconnection of U	Jtility Service:		
Water Service:			
Sanitary Sewer:			
Electric:			
Gas:			

(See Other Side of Form)

## **Conditions of Permit Application**

Filed with this application, and hereby made a part of this application, is a plot plan, drawn to scale, showing the size and location of the lot or tract above described, the size and location of present buildings or structures thereon, the size and location of the proposed demolition thereon.

Applicant(s) hereby states that the statements in this application and accompanying instruments are true and correct and that the proposed construction, above described, shall be made in compliance with the Zoning/Building Permit, which may be issued, pursuant to this application and subject to the terms and provisions as provided in the Zoning General Ordinance and amendments thereto, of the City of Gas City, Indiana.

The undersigned agrees to complete the proposed project within six (6) months, when reasonable, and that all debris and materials will be removed from the property and/or stored so as not to become a hazard or nuisance to the area. Inspections are required for all demolition projects.

Have you applied for a State Permit, if req	uired?
Is this lot or parcel in the Flood Plain Zone	?
	Signature of Applicant
	Address