



Town of  
**INGALLS, IN**

# DEMOLITION

---

## PERMIT APPLICATION PACKET

FOR OFFICE USE ONLY		
Permit Number: _____		
Name: _____		
Address: _____		
Phone: _____		
Filing Fee: \$_____		
Recorded Title Holder Authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IDEM Asbestos Report Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Town of INGALLS, IN

The Town of Ingalls is required by law to inspect demolitions or building relocations. The requirements are defined by the "Indiana Building Code" with references to the Electrical, Mechanical, Plumbing, Pool Codes, etc. as amended by the State of Indiana. **Building officials are not empowered to waive code requirements set by State law.**

As you proceed with your project, it is imperative that you chose licensed contractors who understand and comply with code requirements. As a homeowner, Indiana allows you to perform any construction without a license. However, all construction completed by homeowners is still required to meet code regulations set forth by the State of Indiana. Homeowners who plan on completing construction on their own should consult with licensed professionals and/or purchase a Code Check reference book.

## REQUIRED DOCUMENTATION

- ☐ If your structure is a "facility" as determined by IDEM (see below), you will need to complete IDEM requirements for asbestos testing and reporting. Additional information can be found here: <https://www.in.gov/idem/asbestos/what-idem-regulates/>

Generally, any institutional, commercial, public, or industrial building, or residential structure, installation or building (including those containing condominiums or individual dwelling units operated as a residential cooperative) is considered a facility according to IDEM.

Exemptions: Noncommercial residential buildings with four or fewer dwelling units (e.g., homes) are exempt from asbestos emission rules, but owners still must comply with opening burning and waste disposal rules, and local ordinances. Details and resources are on the IDEM Exemptions page.

- ☐ Written statement authorizing the demolition or relocation from the Recorded Title Holder of premises.

---

## REQUIRED NOTIFICATION

The contractor or owner is responsible for utility retirement **prior** to demolition activities. Please ensure you have contacted all of the utilities for your parcel.

---

## INSPECTIONS

Inspection fees will be charged as a lump sum as listed in the Fee Schedule. This fee will cover the inspection listed below. This fee does not include any inspections or fees required by IDEM or the State of Indiana.

- ☐ **1. Final Inspection:** The inspector will verify retirement of utilities and ensure that the demolition or relocation of the structure meets building code.



# Town of INGALLS, IN

## DEMOLITION OR BUILDING RELOCATION APPLICATION

**NOTE: Contractor or Owner is Responsible for Utility Retirement Prior to Demolition Activities!**

**\*Incomplete Applications will not be processed - Permit Valid for 60 Days**

### 1. Location of Activity

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

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### 2. Property Owner Information

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Nature of Work To Be Completed

Start Date: \_\_\_\_\_ Completion: \_\_\_\_\_

A. Category of Work:

☐ Demolition ☐ Moving of Structure ☐ Tank Removal

B. Height of Structure: \_\_\_\_\_

C. Number of Stories in Structure: \_\_\_\_\_

D. Ground Floor Area in SQFT: \_\_\_\_\_

E. Type of Bearing Walls (if applicable):

☐ Masonry ☐ Pole ☐ Wood Frame  
☐ Reinforced Concrete ☐ Structural Steel  
☐ Other \_\_\_\_\_

F. Class of Structure:

☐ Conventionally Constructed Building  
☐ Industrialized Building System  
☐ Other \_\_\_\_\_

G. Type of Structure

☐ Principal Structure ☐ Accessory Structure  
☐ Addition to Structure ☐ Other \_\_\_\_\_

H. Plans Provided? ☐ Yes ☐ No

I. Total Cost of Job? \_\_\_\_\_

### 4. Documents Require with Application

☐ Written statement authorizing demolition from the Recorded Title Holder of premises.

☐ Asbestos Report; IDEM (10) Ten Day Notification

☐ Date Work Expected to Begin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Date Work Expected to End: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 5. Contractor Information

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Immediate Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Registered Contractor: ☐ Yes ☐ No #: \_\_\_\_\_

I certify the information on this form is complete and accurate.

\_\_\_\_\_ Date: \_\_\_\_\_

### 6. Building Relocation

Relocate Building New Address:

Site Plan and Permit Issued? ☐ Yes ☐ No

### FOR OFFICE USE ONLY

☐ Application Approved ☐ Application Denied

Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

☐ Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_