



Town of
INGALLS, IN

DEMOLITION

PERMIT APPLICATION PACKET

FOR OFFICE USE ONLY

Permit Number: _____

Name: _____

Address: _____

Phone: _____

Filing Fee: \$ _____

Recorded Title Holder Authorization? Yes No

IDEM Asbestos Report Required? Yes 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: _____
