

# PLANNING AND DEVELOPMENT

16 S 10<sup>th</sup> Street, Suite B140 Noblesville, IN 46060  
Ph. 317.776.6325 [planapplications@noblesville.in.us](mailto:planapplications@noblesville.in.us)

## PERMIT APPLICATION DEMOLITION REQUIREMENTS

ADDRESS OF DEMOLITION: \_\_\_\_\_

### TO BE SUBMITTED WITH APPLICATION

- A site plan clearly identifying the structure or structures to be demolished.
- An address of where the debris is being disposed of. Load receipts may be required after disposal.
- This form signed by the appropriate departments.
- Other utility disconnections (gas, electric, water, etc.) are required. The contractor or applicant shall provide written proof of the disconnection as part of the application package.
- If an accessory structure only, needs to verify that the power has been removed.
- Should approvals be required from other State or local government entities, it is the sole responsibility of the contractor of record to obtain such approvals.
- Asbestos Abatement report is required for all Commercial Demolition Applications or demolishing two or more residential structures.
- You are required to schedule an inspection with the Planning Department once structure has been removed.

THE CITY OF NOBLESVILLE UTILITIES DEPARTMENT  
Requires proof of sewer disconnection, PRIOR to demolition

**Sanitary Sewer:** Sanitary sewer line must be dug up and capped; or plugged until ready for re-use.  
While it is exposed, the Utility will visually verify disconnection and then sign off.

THE HAMILTON COUNTY HEALTH DEPARTMENT  
Requires certain inspections relating to private wells, septic systems and fuel tanks, PRIOR to demolition

**Existing Well:** Well must be plugged according to Well Ordinance A-62 (as amended)

**Existing Septic:** Septic system must be pumped and filled with sand, or removed. If septic system is to be reused, it must be plugged-off until ready for re-use.

**Fuel Tanks:** Fuel tanks must be pumped and removed from building and/or property.

The City of Noblesville and/or Hamilton County Health Department must perform an inspection prior to demolition. In order to approve the demolition permit, applicant is required to sign this form and fax it to the individuals listed below. Include this completed form with all appropriate signatures and documentation to the Planning Department. You may submit in the office or online at [Planapplications@noblesville.in.us](mailto:Planapplications@noblesville.in.us).

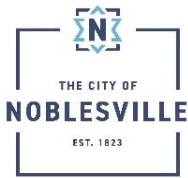
1. Noblesville Utilities, City of Noblesville; FAX 317-770-2216
2. Hamilton County Health Department; FAX 317-776-8506

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicants Phone Number \_\_\_\_\_

Name of Licensed Well Driller \_\_\_\_\_ Name of Licensed Septic Installer \_\_\_\_\_

Signature/Date: Noblesville Utilities Representative \_\_\_\_\_ Signature/Date: Health Department Representative \_\_\_\_\_

*Under the penalties of perjury (Indiana Code 35-44-1), I hereby affirm under oath that all of the information I have provided in this application for demolition to be true and accurate to the best of my knowledge and belief, and that I have not knowingly provided or omitted any information that would tend to hide, obscure or otherwise mislead the Department of Planning and Development regarding the truth of the matters addressed herein.*



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## PERMIT APPLICATION DEMOLITION

Is this a Revision?  Yes  No If yes, permit # \_\_\_\_\_

### PROJECT LOCATION

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

Subdivision: \_\_\_\_\_ Lot Number \_\_\_\_\_ Section \_\_\_\_\_

### TYPE OF DEMOLITION

- |  |  |
|--|--|
| <input type="checkbox"/> Residential, Multi-Family | <input type="checkbox"/> School        |
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Government    |
| <input type="checkbox"/> Industrial                | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Pool                      | <input type="checkbox"/> Other         |

Number of Structures to be Demolished: \_\_\_\_\_

Name of Disposal Location: \_\_\_\_\_

Location Address of Disposal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICANT INFORMATION

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

Company Name (if applicable): \_\_\_\_\_

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

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

### OWNER INFORMATION Same as Applicant

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

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

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

### CONTRACTOR INFORMATION Same as Applicant

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

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

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

\*Name of Superintendent if applicable: \_\_\_\_\_

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

**UTILITIES INFORMATION**

Sewer Disposal:     Public     Other

Water Supply:     Public     Individual Well

**PRINCIPAL TYPE OF FRAME**

Structural Steel                                   Masonry (wall bearing)                                   Other \_\_\_\_\_

Reinforced Concrete                                   Wood

**FINANCIALLY RESPONSIBLE PARTY**

Person to be billed for all expenses relating to permit : \_\_\_\_\_

**CERTIFICATION & NOTICE OF INTENT TO COMPLY STATEMENT**

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Code, the Unified Development Ordinance, Noblesville Ordinance, Noblesville Construction Standards, the Stormwater Ordinances and Stormwater Standards Manual, the approved Plans and Specifications, IDEM requirements, any and all Local, County, and State requirements including private restrictions, if any, which may be imposed on the above described property.

I further certify the modifications to the site and erection of a structure to be completed with this project will not cause any adverse drainage condition that would cause damage to adjoining public or private property as a result of this construction.

I understand that I have six (6) months to request my first building inspection, and no more than two (2) years to complete this project. If I do not begin or finish within the allowable time, this permit will be null and void.

I further understand that all work associated with the issuance of this permit must be inspected and approved by the City of Noblesville, at predetermined points in the construction process, and includes inspections by both the Planning and Engineering Departments.

I further certify that the construction for which this permit is issued will not be used or occupied until proper Certificates of Occupancy are issued by the Department of Planning and Development.

Signature of Owner/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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