

**CITY OF MARTINSVILLE, INDIANA
DEMOLITION PERMIT**

Permit Number: _____ **Fee:** _____

Landowner: _____ **Phone No:** _____

Address: _____

Demolition Contractor: _____

Address: _____

Address or Location of Demolition Site: _____

Type of Demolition: Building(s), including foundations _____; **Towers or Tanks** _____; **Wells** _____

State or Federal Permits Obtained (if required): Yes _____, **No** _____, **Not Required** _____

Traffic Control Plan has been provided (if needed): Yes _____ **No** _____

Proof of Disconnection of Utilities: Yes _____ **No** _____

Proof of Notification of Police and Fire Departments: Yes _____ **No** _____

Name and Location of Landfill where debris will be disposed of (private landfills must have IDEM and DNR approval): _____

Schedule for Completion of Work: _____

Plan for Reclamation of Site Submitted: Yes _____ **No** _____

Performance Bond (not less than \$2,000 or more than \$10,000) \$ _____, **Bond No.** _____, **Cash** _____, **Certified Check No.** _____.

Proof of Gen. Liability Insurance in an amount not less than \$1,000,000: Yes _____ **No** _____

Permit Fee Paid: Yes _____ **No** _____

Date work can begin (not less than 72 hours after issuance of this permit) _____

This Permit issued by the City Superintendent this _____ **day of** _____, **20**_____.

City Superintendent

Cc: Police Dept., Fire Dept., City Utilities