

THE

# Area Plan Commission

of TIPPECANOE COUNTY

20 NORTH 3RD STREET  
LAFAYETTE, INDIANA 47901-1209

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SALLIE DELL FAHEY  
EXECUTIVE DIRECTOR

## DEMOLITION PERMIT APPLICATION

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Key Number: \_\_\_\_\_

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

Number of structures to be demolished: \_\_\_\_\_

Dimensions of structures being demolished: \_\_\_\_\_

Township: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

\*\* I certify that the information contained in this application is, including all attachments, is true and correct to the best of my knowledge and belief. \*\*

Applicant's Signature \_\_\_\_\_

Owner's Signature \_\_\_\_\_

## DISPOSITION OF MATERIALS

Where will the debris be taken? \_\_\_\_\_

ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_