

Demolition



Boone County APC Application

This application packet is for approval for the demolition, the tearing down, or the removal of structures with utility connections.

STEP 1: Submittal

If you have any questions about the permit process, the application, or what to submit, please feel free to contact the APC Office at (765) 482-3821. Applications and supporting documents must be submitted electronically to aelliott@co.boone.in.us and kbritton@co.boone.in.us. *Hard copy submittals may also be accepted.*

STEP 2: Submittal Details and Checklist

If materials are submitted electronically, they must be in the format shown. If items on the checklist are sent in separate PDFs, they must include a file name that corresponds to the checklist item. Image files will not be accepted (jpg, tiff, etc.). *(For example: 01 Application.pdf; 04 Aerial Map.pdf; 06 Narrative.pdf; etc.).*

- Application Form:** Fill out all applicable fields completely and leave the fields blank that do not pertain. The form must be signed by the applicant(s). The 10-digit county identification Parcel Number (Do not use the State ID) is required on ALL permit applications and can be found on the Boone County GIS website at: [Boone County GIS Map Viewer](#). You can do a search by address or zoom in on the parcel and obtain the detailed information.
- Notice of Demolition:** Before submitting an application, contact the Boone County Health Department and/or the appropriate Utility Departments for your sewage/water services to discuss sewer/septic, water/well, and utility discontinuations that may be a part of your plans for demolition.
- Site Plan:** A copy of the site plan showing exactly where the structure is located. The site plan shall also show any additional building on the site and notes on which structure(s) are to be demolished.
- Deed:** A copy of the recorded deed for the property with the Recorder's Stamp, available from the Boone County Recorder's Office, 202 Courthouse Square, Lebanon, IN 46052, (765) 482-3070.
- Attachments A:** Complete necessary attachment as applicable.

STEP 3: Completing the Filing Application.

You will receive an email confirmation when the APC office has completed the submittal review and you are ready to complete the filing of this application. This email will include instructions for making an appointment to complete the filing and pay the application fee. Questions about completing the filing of the application can be directed to the Administrative Assistant at (765) 482-3821 or aelliott@co.boone.in.us.

At this time our office can only accept payment by cash or checks made out to the "Boone County Treasurer". Our office will NEVER request payment by wire transfer.

Permit Fees and Other Fees

Specialty Permit Fees		
Demolition	Permit involving the demolition of a structure and the review of utility/septic/well disconnections	\$100
Fines and Reinspection Fees		
Starting Work Without a Permit	If work begins without a permit, the permit fee will be double.	

Demolition Permit Application



Permit #:	Structure Review:
Permit Fee:	Zoning/Plan Review:

Owner Information

Name of owner:	
Address of owner (street, city, state, zip):	
Contact person for the permit:	
Owner phone:	Owner email:

Contractor and Contact Information

Name of contractor and Contact:	
Address of contractor (street, city, state, zip):	
Contractor phone:	Contractor email:

Notice of Demolition

The APC and the Boone County Health Department must perform an inspection prior to demolition. In order to approve the Demolition Permit, the applicant is required to sign this form and obtain the signatures of the individuals listed below. Include this completed form with all appropriate signatures when you submit your application for a Demolition Permit.

Demolition Site Information

Address of Demolition:		
Subdivision:	Section #:	Lot #:
10-Digit County Parcel number:	Township:	
Type of Structure(s) to be Demolished:		

Discuss your demolition project and obtain signatures for applicable utilities prior to submitting your application.

- Public Water: _____
Signature: _____ Printed Name: _____
- Public Sewer: _____
Signature: _____ Printed Name: _____
- Septic, Wells, or Storage Tanks: Boone County Health Department, 116 W Washington St, Room B201, Lebanon, IN 46052, (765) 483-4458
Signature: _____ Printed Name: _____

I assert that I am the property owner, or the authorized and lawfully appointed agent of the owner(s), that I have the authority and permission from the owner(s) (and anyone with a recorded interest or other interest in the property), to take this requested action, and that I agree to indemnify and hold Boone County harmless from any claim, lawsuit, demand, or damages whatsoever arising out of, or as a result of this request or the actions of Boone County regarding the same.

Signature of Applicant: _____

Attachment A: Consent of Property Owner

Complete and submit ONLY if the applicant is different from property owner.

I (we)

NAME(S)

After being first duly sworn, depose and say:

- That I/we are the owner(s) of the real estate located at I (we)

ADDRESS

- That I/we have read and examined the Application and are familiar with its contents.
- That I/we have no objection to, and consent to such request as set forth in the application.
- That such request being made by the applicant (____ is) (____ is not) a condition to the sale or lease of the above referenced property.

(AFFIANT)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, _____.

, Notary Public

My Commission expires: _____ County of Residence: _____