

Town of Clarksville
2000 Broadway, Suite 234
Clarksville, Indiana 47129
(812) 283-1510 Phone
(812) 280-5549 Fax

Demolition Permit Application

Application Date: _____ Date work to commence: _____

Applicant/Contractor _____

Applicant/Contractor Address: _____

Contractor must submit Insurance Certificate w/Town of Clarksville listed as Certificate Holder.

Property Owners Name: _____

Property Owners Address: _____

DEMO SITE ADDRESS: _____

Residential/Commercial

Location debris to be disposed of: _____

I certify that the property is covered by insurance: _____

Signature

Insurance company Name: _____

Insurance company Address: _____

Barricades will be provided while the work is being completed.

Approximate date of demolition: _____

(If the property is zoned commercial, a copy of the asbestos report submitted to John Clevenger with Environment Management Office Asbestos Section must be attached)

Notify the following Utility Agencies to meet any of their requirements.

Clarksville Wastewater Treatment Dept. (Verify proper capping of sewer line) 812-283-7714

Duke Energy – Electric Company 1-800-521-2232

Vectren Gas – Gas Company 1-800-521-2232

AT&T – Phone Company

Signature of Applicant