



# WRECKING PERMIT APPLICATION

Shelbyville Building & Plan Commission  
44 West Washington Street  
Shelbyville, IN 46176  
P: 317.392.5102 F: 317.392.5110

**Please complete the entire form;  
missing information could delay the permit process.**

### Owner of Property:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Contractor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Location Information:

Address of Property: \_\_\_\_\_ Flood Zone: YES NO

### Description of work:

**Prior to demolition, please see the Plan Commission Staff, to discuss future use of property.**

- Commercial                       Industrial                       Residential

Please fill out the following for each structure to be demoed.

Description of Demolition Work (Example: garage, entire house, back portion of principle building, etc...)	Square footage (length x width)	Primary Use of Structure

I have read the information above and hereby agree that any construction commenced at the address indicated by me or my agent shall be in accordance with specifications given hereto. I further agree that as a consideration of an Wrecking Permit, I will be governed by such Zoning and Building Ordinances of the City of Shelbyville, Indiana, as are now in effect. I further declare that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.

**ALL SIGNATURES ON THIS APPLICATION MUST BE ORIGINAL. NO EXCEPTIONS!**

Property Owner: \_\_\_\_\_ Building Contractor: \_\_\_\_\_

<i>Office Use Only</i>		
Plan Commission Approval: _____	Legal Non-Conforming: Yes / No	Notes: _____
_____		
Permit Number: _____	Fee: _____	Date Issues: _____