



**City of New Albany, Indiana**  
**Building Department**  
**Building Commissioner**

142 East Main Street, Suite 206  
New Albany, IN 47150  
812-948-5371

[www.cityofnewalbany.com](http://www.cityofnewalbany.com)

*OFFICE USE ONLY*

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Building: \_\_\_\_\_

Planning: \_\_\_\_\_

**APPLICATION FOR DEMOLITION PERMIT (BOTH COMMERCIAL AND/OR RESIDENTIAL)**

**RESIDENTIAL:** Application fee is \$100.00

Cost of Project: \$ \_\_\_\_\_

**Type of Demo**

\_\_\_\_\_ Single Family Dwelling      \_\_\_\_\_ Garage      \_\_\_\_\_ Other, explain: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Work Site: \_\_\_\_\_ Lot/Ste.: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMMERCIAL:** Application fee is \$250.00

Cost of Project: \$ \_\_\_\_\_

**Type of Demo**

\_\_\_\_\_ Commercial Building      \_\_\_\_\_ Storage      \_\_\_\_\_ Other, explain: \_\_\_\_\_

Name of Business : \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Work Site: \_\_\_\_\_ Lot/Ste.: \_\_\_\_\_

Name of Property Owner : \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Residential and Commercial:**

Is this property located within the Historical District? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please include a copy of the Certificate of Appropriateness which can be obtained through the New Albany Historic Preservation Commission. For more information, call: 812-284-4534

Please note: An Asbestos Abatement approval/release **MUST BE** obtained from the State for **all commercial demolitions** (if applicable). Please attach a copy with your request.



City of New Albany, Indiana  
Board of Zoning Appeals  
Improvement Location Permit

142 East Main Street, Suite 200  
New Albany, IN 47150  
812-948-5327

[www.cityofnewalbany.com](http://www.cityofnewalbany.com)

**APPLICATION FOR IMPROVEMENT LOCATION PERMIT**

Attach a copy of the Property Survey, Site Plan, and Assessor's Plat to this application.

Location of Property: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Email Address of Property Owner: \_\_\_\_\_

**Application is hereby made to (Check ALL That Apply)**

- \_\_\_\_\_ Construct a new building
- \_\_\_\_\_ Construct an addition to an existing building
- \_\_\_\_\_ Alter an existing building (*Interior Only*)
- \_\_\_\_\_ Alter an existing building (*Exterior Only*)
- \_\_\_\_\_ Demolish an existing building
- \_\_\_\_\_ Repair an existing building
- \_\_\_\_\_ Change use of the property
- \_\_\_\_\_ Other (Explain): \_\_\_\_\_

Present use of the property: \_\_\_\_\_

Proposed use of the property: \_\_\_\_\_

I agree, if granted a permit for the above-described structure at the location designated in the City of New Albany or its Two-Mile Fringe Area Jurisdiction, that I will observe and conform to all Laws, Ordinances, and Regulations affecting Building and Land Use, including Zoning Ordinance Number Z-71-449 and all ordinances amendatory thereof and supplemental now in force in the City of New Albany, and, I consent to inspection of premises for which this permit is granted by the Plan Commission, Board of Zoning Appeals, their staff, or their designees or agents. During and on completion of the construction authorized. **This is not a building permit.** You must still apply for and receive a building permit from the Building Commission Office prior to commencing construction.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Printed Name: \_\_\_\_\_

**\*\*\*STAFF USE ONLY\*\*\***

REPORT OF STAFF:

THE PROPERTY IS ZONED: \_\_\_\_\_

IN PLAT NUMBER: \_\_\_\_\_

ON LOT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

FLOOD ZONE VERIFICATION: \_\_\_\_\_

F.I.R.M PANEL NUMBER: \_\_\_\_\_

F.I.R.M EFFECTIVE DATE: \_\_\_\_\_

PREVIOUS ZONING ACTION ON THIS PROPERTY:

DATE OF HEARING: \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

OUTCOME: \_\_\_\_\_

\_\_\_\_ APPROVED

\_\_\_\_ APPROVED SUBJECT OF THE FOLLOWING:

\_\_\_\_ PLAN COMMISSION ACTION REQUIRED

\_\_\_\_ BOARD OF ZONING APPEALS ACTION REQUIRED

\_\_\_\_ DENIED

STAFF SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_



DATE: \_\_\_\_\_