



Demolition Permit Application

Rising Sun, Indiana



Date: _____

Owners Name: _____ Phone: _____

Mailing Address _____

Location _____

Kind and size of Building (e.g. residence, accessory storage building or
garage, commercial): _____

Crawl Space _____ Basement _____ Slab _____

Type of Fill in needed: _____

Utility Service disconnected:

Gas Service _____ Water _____ Electric _____ Phone _____ Cable _____

Other _____

Work to be done by whom _____

Owner Signature _____