

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