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CITY OF HAMMOND

BOB VALE
BUILDING COMMISSIONER

BUILDING INSPECTION DEPARTMENT

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6456

Demolition Permit Application

Receipt #: _____

Permit #: _____

Address of Demolition: _____

Home Owner Contractor*

*Company Name: _____

Contact Phone Number: _____

Building Type (*one must be checked*)

Single Family Two Family Multi Family Commercial Industrial

Garage

Property Owner / Contractor: _____ Phone #: _____

Owners Present Address: _____

Type of Demolition: Private Demolition City Demolition

Cost of Demolition Material and Labor: _____

Describe all work to be done: _____

Total Square footage of building being demolished _____

Applicant must sign Wrecking Procedure & Demolition Requirements forms & complete a Recycling Pack. Garages are exempt from completing the recycling pack.

***For contractors a copy of the signed contract must be attached.
This permit does not include electrical, heating and plumbing.**

Two days before digging please call for utility locations:
Holey-Moley 800-382-5544 Water Department 219-853-6429

Signature _____ Date: _____

Bldg. Approval: _____ **Date:** _____ **Zoning Approval:** _____ **Date:** _____