



APPLICATION FOR DEMOLITION OF A STRUCTURE

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

PROJECT ADDRESS: \_\_\_\_\_ Winfield IN 46307

Property Owner: \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail address: \_\_\_\_\_

Parcel # \_\_\_\_\_

Attach a copy of the site plan, reflecting all structures on the parcel, or scope of work to be completed.

Contractor: \_\_\_\_\_ REG # \_\_\_\_\_

The structure is located in: RESIDENTIAL AGRICULTURAL COMMERCIAL

Type of structure to be demolished: \_\_\_\_\_

Square footage of structure: \_\_\_\_\_

Prior to beginning demolition, please advise if these utilities apply to the structure being demo-ed and if the appropriate utilities have been contacted for proper disconnection/closure:

- YES/NO Electric Company
- YES/NO Telephone Company
- YES/NO Water Utility (if structure connected to water system)
- YES/NO Sewer Utility (if on sewer system – septic or sanitary)
- YES/NO Lake County Board of Health (well and septic)
- YES/NO Gas Utility
- YES/NO Cable TV

**\*All services to the site must be property abandoned\***

If applicable:

Number of underground storage tank(s): \_\_\_\_\_ Size of tank(s) \_\_\_\_\_

IDEM Closure plan in place? \_\_\_\_\_

Site must be free of debris and graded for property drainage prior to final inspection.



**General Contractor Affidavit**

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

**Section 1: Identification**

Winfield Reg. # \_\_\_\_\_

Project Address: \_\_\_\_\_ Winfield IN 46307 Lot # \_\_\_\_\_

General Contractors Business Name: \_\_\_\_\_

Contractors Business Address: \_\_\_\_\_  
Street Town State/Zip

Phone # \_\_\_\_\_ e-mail: \_\_\_\_\_

Trade performed: \_\_\_\_\_

**Section 2: Affidavit**

The undersigned General Contractor verifies:

1. The General Contractor is a registered contractor in the Town of Winfield and the information in this document is true.
2. The General Contractor is performing the work personally and/or through their employees.
3. The General Contractor hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.

)  
State of Indiana ) SS:  
County of Lake )  
)

\_\_\_\_\_  
Printed Name of Sub-Contractor

\_\_\_\_\_  
Signature of Sub-Contractor

Seal:

Notary Signature \_\_\_\_\_

Resident of County of \_\_\_\_\_ State \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Sub-Contractor Affidavit**

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

**Section 1: Identification**

Winfield Reg. # \_\_\_\_\_

Project Address: \_\_\_\_\_ Winfield IN 46307 Lot # \_\_\_\_\_

General Contractors Business Name: \_\_\_\_\_

Sub-Contractor Business Name: \_\_\_\_\_

Contractors Business Address: \_\_\_\_\_  
Street Town State/Zip

Phone # \_\_\_\_\_ e-mail: \_\_\_\_\_

Trade performed: \_\_\_\_\_

**Section 2: Affidavit**

The undersigned Sub-Contractor verifies:

1. The Sub-Contractor is a registered contractor in the Town of Winfield and the information in this document is true.
2. The Sub-Contractor is performing the work personally and/or through their employees.
3. The Sub-Contractor hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.

)  
State of Indiana ) SS:  
County of Lake )  
)

\_\_\_\_\_  
Printed Name of Sub-Contractor

\_\_\_\_\_  
Signature of Sub-Contractor

Seal:

Notary Signature \_\_\_\_\_

Resident of County of \_\_\_\_\_ State \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Homeowner Affidavit**

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

**PART 1: IDENTIFICATION**

PROJECT ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_

HOMEOWNER  
NAME: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_  
if different from project address (street) (town) (state/zip)

Phone # \_\_\_\_\_ e-mail: \_\_\_\_\_

**SECTION 2: AFFIDAVIT**

The undersigned homeowner verifies:

1. The Homeowner hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.
2. The Homeowner will record the Homeowner Affidavit (this form) at the Lake County Recorder's office, at their own expense, attesting to the work that will be completed on the property, as this information will be available during any title search and shall run with the land.
3. According to Ordinance #217-A, the Homeowner cannot complete any Electrical, Plumbing, or Mechanical/HVAC work; unless they hold a license in that trade.
4. The Homeowner(s) is performing the work, personally, in the following trades:

\_\_\_\_\_

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )  
                          )

\_\_\_\_\_  
Homeowner Printed Name

\_\_\_\_\_  
Homeowner Signature

SEAL:

NOTARY SIGNATURE: \_\_\_\_\_

RESIDENT OF COUNTY OF: \_\_\_\_\_ STATE OF \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**ENGINEERING NOTIFICATION:**

Before any changes of the property can be made, approval must be obtained from the Town’s Zoning/Planning Administrator, and/or Town Engineers, if applicable.

Review items include, but not limited to:

- If there is a swale and/or change to the water flow of the property or neighboring properties; or
- If the property contains a wetland that may be affected by change; or
- Any other type of land disturbance that may be affected by change

The Town’s Engineering fees, for review and recommendations, will be charged to the consulting firm and/or Property Owner.

\_\_\_\_\_ Winfield, IN 46307  
(property address that will have demo work)

\_\_\_\_\_  
Property Owner/General Contractor Printed Name

\_\_\_\_\_  
Property Owner/General Contractor signature

\_\_\_\_\_  
Dated