



BUILDING DEPARTMENT

COMMERCIAL INTERIOR DEMOLITION PERMIT APPLICATION

Applications and associated documents can be submitted in one of the following ways:

- 1. In person
2. By regular mail
3. PDFs through DropBox: https://www.dropbox.com/request/c3uZglvS8CO98b8xOmAw
* All digital submissions must be in pdf format

INTERIOR DEMOLITION APPLICATION CHECKLIST

- 1. Application
2. Basic plans and overview of the scope of the work
3. If your project will include 100 lineal feet (or more) of demolition

OR

If there is any evidence of asbestos containing material that will be demolished, the attached Notification of Demolition and Renovation Operations must be completed and provided to the Building Department AND the Indiana Department of Environmental Management (see page 3 and instructions here: https://forms.in.gov/Download.aspx?id=13928)

SUPPORTING LINKS

Building Department
https://www.southbend.in.gov/government/department/building-department
Contractor Registration
https://www.southbend.in.gov/government/content/contractor-licenses-0

PAYMENT:
CHECK #
CARD
CASH

APPLICANT INFORMATION

OWNER:
PHONE: ADDRESS: City State Zip
EMAIL:
APPLICANT: ORG/BUSINESS:
PHONE: ADDRESS: City State Zip
EMAIL:

PROJECT CONTACT

(IF DIFFERENT THAN APPLICANT) _____

EMAIL: _____

PROPERTY INFORMATION

ADDRESS: _____
Address City Zip Township

ZONING: _____
Zoning SPECIAL USE/EXCEPTION APPROVAL (IF APPLICABLE) Approval Date

CONTRACTORS

All contractors must be licensed and registered with our department. For more information on this go to <http://www.southbendin.gov/government/content/contractor-licenses-0>

BUILDING/DEMOLITION: _____

I certify the above to be a true and accurate to the best of my knowledge.

APPLICANT SIGNATURE

DATE

PRINT NAME

Indiana Demolition and Renovation Requirements

Pursuant to 326 IAC 14-10-1, prior to the commencement of a demolition or renovation activity, the owner or operator of a facility shall use an Indiana licensed asbestos building inspector to thoroughly inspect the affected facility, or any part of the facility where the demolition or renovation operation will occur, for the presence of asbestos, including Category I and Category II non-friable asbestos-containing material.

Prior to performing any renovation or demolition, the owner or operator is required to submit a notification of demolition or renovation to IDEM-OAQ. Pursuant to 326 IAC 14-10-3, the owner or operator of a facility where demolition or renovation activity will take place shall provide the Indiana Department of Environmental Management Office of Air Quality with written notice of the intention to demolish or renovate on a form provided by the department and update such notice as necessary. A notification is required even if no asbestos is present.

- Information regarding asbestos inspections can be found at: <https://www.in.gov/idem/asbestos/2334.htm>
- Information regarding notifications can be found at: <https://www.in.gov/idem/asbestos/2333.htm>
- The notification with instructions as well are located under “Asbestos” at the following address: https://www.in.gov/idem/5157.htm#oaq_compliance_asbestos
- The completed notification should be emailed to: AsbestosDemoReno@idem.in.gov
Please direct any questions to:

Office of Air Quality
Northern Regional Office
574-245-4873 or by email at AsbestosDemoReno@idem.in.gov

Thank you for your attention to this matter.



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator:					
Address:		City:		State:	ZIP:
Contact:		Telephone:		E-mail:	
Asbestos Removal Contractor:			Demolition Contractor:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:		Telephone:	
E-mail:			E-mail:		
IN License Number:		Expiration:			
Licensed Asbestos Inspector:			Project Designer:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:		Telephone:	
E-mail:			E-mail:		
IN License Number:		Expiration:		IN License Number:	
				Expiration:	
III. TYPE OF OPERATION					
<input type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input type="checkbox"/> Ordered Demolition	
				<input type="checkbox"/> Emergency Renovation	
				<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED					
	Regulated ACM to be removed	Nonfriable Asbestos Material to be removed		Nonfriable Asbestos Material NOT to be removed	
		Category I	Category II	Category I	Category II
Pipes (Ln. Ft.)					
Surface Area (Sq. Ft.)					
Total Volume (Cu. Ft.)					
Total amount on or off all facility components where length or area could not be measured previously					
VII. SCHEDULED DATE OF STRIPPING / REMOVAL			Start (mm/dd/yy):	End (mm/dd/yy):	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):			
IX. FACILITY DESCRIPTION					
Building Name:					
Street Address:					
City:			State:	County:	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:		Age / Year Built:	
Present Use:			Prior Use:		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NONFRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT					
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:		
E-mail:			E-mail:		
XV. ORDERD DEMOLITIONS					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
XVI. EMERGENCY RENOVATIONS					
Date (mm/dd/yy) and Time of Emergency:					
Description of sudden, unexpected event:					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR					
I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.					
			Date (mm/dd/yy):	E-mail:	
Owner / operator (Signature)					
			Title:		
Owner / operator (Printed)					