



Community Development Services
Planning Division
City of Greenwood
300 South Madison Avenue
Greenwood, IN 46142
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317.887.5616 fax
www.greenwood.in.gov

OWNER AFFIDAVIT

OWNER VERIFICATION FOR DEMOLITION OF PRIMARY COMMERCIAL OR RESIDENTIAL STRUCTURE

Address _____

Parcel Number(s) _____

Project Name _____

Lot No. _____ Subdivision _____

Description of structure(s) to be demolished:

I, the undersigned, do swear and affirm that I am the legal property owner of the above described property and give authorization for the demolition of the structure(s) on said described property.

I understand that any curb, sidewalk, or roadway that is damaged during the demolition process must be repaired or replaced, at owner's expense, in accordance with all City ordinances, and that a Right-of-Way Permit must be obtained from the City of Greenwood prior to commencement of any repair or replacement work.

I also understand that any impervious surface area remaining on the property will continue to be assessed a Stormwater Utility Fee in accordance with City of Greenwood ordinances.

In addition, I acknowledge that, as the owner of the above described property, I am responsible for any outstanding property taxes or liens due.

Signature of Legal Property Owner: _____

Printed Name of Legal Property Owner: _____

Date: _____