



TOWN OF LONG BEACH, INDIANA  
2400 ORIOLE TRAIL  
LONG BEACH, INDIANA 46360-1614  
(219) 229-9091  
FAX (219) 879-6099

**BUILDING AND STRUCTURE DEMOLITION INFORMATION**

Please complete the following information and return to the Building Department office for processing.

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Business Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Equipment Operator \_\_\_\_\_  
Operator Address \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Email \_\_\_\_\_

*Valid State issued driver's license required to be submitted for operator*

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Do you hold a valid license with the Town of Long Beach?  Yes  No  
If yes, please provide registration number. \_\_\_\_\_

Do you own equipment needed for demolitions?  Yes  No  
If yes, please list below (trucks, payload, etc.). If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of lot or building used for storage of wrecking equipment and salvaged building material. *Please submit photos of storage yard and equipment, including proof of ownership of equipment/yard.*

Address: \_\_\_\_\_

**BUILDING AND STRUCTURE WRECKING INFORMATION**

Disposal facility information:

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Source of clean fill:

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

The undersigned affirms that the above information is true and accurate.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed