

**TOWN OF HIGHLAND
RAZING/UNDERGROUND STORAGE TANK(S) APPLICATION
PHONE 219-972-7595 FAX 219-972-5097**

DATE: ____/____/____

PERMIT # _____

Contractor: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Property Owner: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Email: _____

Project Address: _____ Contract Cost: (If Applicable): _____

Complete this section of Razing Permit

CALL 811 BEFORE YOU DIG

Type of Structure to be Razed: _____

Square Footage of Structure: _____ (Check One or More) Frame: _____ Masonry _____ Brick Veneer: _____

Start Date: _____ Finish Date: _____

The Contractor/Homeowner is responsible for any damage done to adjacent building or property including fences, trees and shrubs. Please Initial _____

The contractor/Homeowner shall call the Highland Town inspector for an inspection in which he has twenty-four (24) hours to make.

Complete this section of Underground Storage Tank(s)

Indicate number of tanks to be removed: _____

Indicate size of tank(s): 1) _____ 2) _____ 3) _____

4) _____ 5) _____

You must submit letter from IDEM before permit can be approved. Letter Submitted? Yes _____ No _____

Start Date: _____ Finish Date: _____

Application must be signed by BOTH contractor and property owner or a copy of signed contract submitted.

Contractor: _____ Property Owner: _____

OFFICE USE ONLY

Number of Inspections: _____

Permit Fee: _____

Approved By: _____ Date: _____

Inspection Fee: _____

Title: _____

Total Fee: _____