

REQUEST FOR DEMOLITION OR REMOVAL OF BUILDING

Address of Structure(s):			
Parcel Number:			
Applicant(s) Name:			
Phone Number(s):			
Applicant(s) Email:			
Applicants mailing address:			
Being the owner(s) of the above-listed property, I/we are re	equesting that the City of Marion Building Department, demolish the		
structure(s) located on said property. I understand that this applicat	ion does not guarantee my participation in this program. I		
understand that my application will be reviewed and I will be notified	by the Building Department if my application was approved or		
denied. Beginning August 01, 2023, a fee of seven hundred and fifty	dollars (\$750.00) will be charged by the City of Marion for labor,		
fuel, administrative costs, and the use of the city excavator; in addition	on to any and all other costs incurred during the demolition process;		
including but not limited to dumpsters, backfill, brush and debris ren	noval, and utility vacates. I understand that once the demolition of		
the structure(s), the removal of debris, and the placement of backfill	dirt if applicable is complete, the city of Marion will send me an		
invoice to the email and/or address provided by me on this application	on. I understand that I will have thirty (30) days from the invoice date		
to make payment in full. I understand that a combination of contract	ted vendors and City of Marion staff will be used to complete the		
demolition process. I understand that contracted vendors will invoice	e the City of Marion, and those costs will then be included in the		
invoice to me from the City of Marion. I understand that documenta	tion of all costs incurred will be available upon request. I understand		
the activity involves numerous risks of injury that are my responsibil	ity, and I assume these risks. In consideration of being allowed to		
participate in the City of Marion Owner Requested Demolition Progr	am, I do hereby release and forever discharge the City of Marion,		
Indiana, and its agents, servants, employees, representatives, and al	others from any and all responsibilities or liability for personal		
injuries even death, or damages resulting from my participation in th	ne above-referenced process associated with the City of Marion,		
Indiana. Further, I do expressly hereby forever release and discharge	e the City of Marion, Indiana, and its agents, servants, employees,		
representatives, and all others from all claims, demands, personal in	juries, damages, actions, or causes of action, and from all acts of		
active or passive negligence or negligent omissions on the part of the City of Marion, Indiana and its agents, servants, and employees,			
including but not limited to the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other			
persons. I hereby agree to indemnify and hold harmless the releases and each of them from loss, liability, damage, or cost they may incur due to the presence of the undersigned on the premises, whether caused by the negligence of the releases or otherwise. This contract shall be legally binding upon me and my heirs, next of kin, executors, administrators, personal			
		representatives, and assigns. I have carefully read this agre	ement and by signing below signify that I fully agree with its
		contents.	
	lo not understand or do not agree with its terms.		
This is a release of hability. Do not sign if you t	to not understand of do not agree with its terms.		
Property Owner Signature (1)	Property Owner Signature (2 if applicable)		
Property Owner Printed Name (1)	Property Owner Printed Name (2 if applicable)		
Date	Date		