

Building Department

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172 N 2nd St.
Decatur, IN 46733

Permit # _____
Date: _____

24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS

PROJECT ADDRESS: _____

SUBDIVISION: _____ LOT: _____

APPLICANT NAME: _____ PHONE: _____

EMAIL: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GENERAL CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CELL PHONE: _____

FLOOD PLAIN DESIGNATION? (YES/NO): _____ **ALL CONSTRUCTION ADJACENT TO OR WITHIN THE FLOOD PLAIN MUST INCLUDE A SURVEYOR'S ELEVATION CERTIFICATE.**

PROPOSED WORK: ___ NEW CONSTRUCTION ___ ADDITION ___ REMODEL ___ OTHER

DESCRIBE:

ESTIMATED COST OF PROJECT: _____

FOUNDATION SIZE (DEPTH X WIDTH): _____ MATERIALS: _____

PLEASE ATTACH A DETAILED SITE PLAN. YOUR DRAWING MUST INCLUDE:

- ALL PROPERTY LINES, WITH DIMENSIONS, DRIVEWAYS, ROADS, SIDEWALKS, ACCESS EASEMENTS THAT BORDER OR RUN THROUGH THE PROPERTY.
- LOCATION OF NEW BUILDING WITH A FINISH FLOOR ELEVATION AND THE ELEVATION OF THE HIGHEST CROWN IN THE STREET BETWEEN THE PROPERTY LINES. FINISHED FLOOR OF THE BUILDING MUST BE 15 INCHES HIGHER THAN THE HIGHEST CROWN IN THE STREET
- ALL STRUCTURES ON THE PROPERTY THAT CURRENTLY EXIST AND WILL REMAIN OR ARE PROPOSED
- SHOW ALL DISTANCES FROM THE NEW AND EXISTING STRUCTURES TO ALL PROPERTY LINES—FRONT, REAR AND SIDES.

NEW CONSTRUCTION:

- BUILDING ELEVATIONS

- FULL SET OF PRINTS, INCLUDING FULLY DIMENSIONED FOUNDATION AND FLOOR PLAN, ELECTRICAL PLAN SHOWING OUTLETS, SWITCHES, LIGHTS AND SMOKE/CARBON MONOSIDE DETECTION SYSTEMS, KITCHEN PLAN ½ "SCALE
- WINDOW SIZES, MANUFACTURER & SERIES: INCLUDING EGRESS INFORMATION, LIGHT, VENT REQUIREMENTS
- MANUFACTURED TRUSS PRINTS WITH ALL LOADING INFORMATION. MUST INCLUDE ENGINEER STATEMENT OF COMPLIANCE
- ENERGY COMPLIANCE INFORMATION: (CIRCLE ONE) PRESCRIPTIVE OR PERFORMANCE
- ADVANCED STRUCTURAL COMPONENT NOTIFICATION SHEET

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF DECATUR AND PROVIDE PROOF OF LIABILITY INSURANCE WITH A MINIMUM OF \$500,000 COVERAGE

ALL CHANGES AFTER PERMIT IS ISSUED MUST BE RESUBMITTED FOR APPROVAL

SIGNATURE: _____ DATE: _____

APPLICANT HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) I AM AUTHORIZED TO MAKE THE APPLICATION. (2) I HAVE READ THIS APPLICATION AND ATTEST THAT THE INFORAMTION WHICH HAS BEEN FURNISHED INCLUDING THAT CONTAINED IN THE PLANS IS CORRECT. (3) THE PLANS WHICH HAVE BEEN FURNISHED TO CITY OF DECATUR ARE A BASIS UPON WHICH CITY OF DECATUR IS ENTITLED TO ACT IN ISSUING OR REVOKING ANY PERMIT OR CERTIFICATE OF COMPLAINCE. (4) IF THERE IS ANY MISREPRESENTATION IN THIS APPLICATION, OR ANY ASSOCIATED DOCUMENTS, THE CITY OF DECATUR MAY REVOKE ANY PERMIT OR CERTIFICATE OF OCCUPANCY ISSUED BASED UP THIS MISINFORMATION. (5) I AGREE TO COMPLY WITH ALL CITY OF DECATUR ORDINANCES, PERMIT CONDITIONS AND STATE STATUTES WHICH REGULATE BUILDING CONSTRUCTION, USE, OCCUPANCY AND SITE DEVELOPMENT. (6) I GRANT AND WILL REQUEST CITY OF DECATUR OFFICIALS TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

THE PERMIT IS NOT VALID & WORK IS NOT PERMITTED UNTIL SIGNED AND ISSUED BY THE AGENT OF BUILDING/ZONING DEPT

SIGNED: _____ PERMIT FEES: \$ _____
 (BUILDING OFFICIAL)