

Building Department

Email: lwemhoff@cityofdecatur.in.gov

172 N 2nd St.
Decatur, IN 46733
(260) 724-3814

Permit No: _____

Date: _____

24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS

PROJECT ADDRESS: _____

SUBDIVISION: _____ LOT: _____

APPLICANT NAME: _____ PHONE: _____

EMAIL: _____ CELL PHONE: _____

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

OWNER NAME (IF DIFFERENT FROM APPLICANT): _____ 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 THE 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 DIMENSIONED FOUNDATION AND FLOOR PLAN, ELECTRICAL PLAN SHOWING OUTLETS, SWITCHES, LIGHT AND SMOKE/CARBON MONOXIDE DETECTION SYSTEMS, KITCHEN PLAN 1/2" SCALE.
- WINDOW SIZES, MANUFACTURER & SERIES; INCLUDING EGRESS INFORMATION, LIGHT AND VENT REQUIREMENTS.
- MANUFACTURED TRUSS PRINTS WITH ALL LOADING INFORMATION. MUST INCLUDE ENGINEER STATEMENT OF COMPLIANCE.
- ENERGY COMPLAINECE INFORMATION: PRESCRIPTIVE _____ PERFORMANCE _____
- ADVANCED STRUCTURAL COMPONENT NOTIFICATION SHEET

ALL CONTRACTORS MUST BE REGISTERED WIT 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 INFORMATION 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 COMPLIANCE. (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 UPON 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 THE BUILDING/ZONING DEPARTMENT

SIGNED: _____ DATE: _____

BUILDING OFFICIAL