

TOWN OF EDINBURGH - PERMIT APPLICATION

Building (BP 20 _____ - _____)

IMPROVEMENT LOCATION (ILP 20 _____ - _____)

Location of Work:

Address: _____

Subdivision: _____

Section: _____ Lot #: _____

Applicant:

Name: _____

Address: _____

Phone #: _____

Property Owner:

Name: _____

Address: _____

Phone #: _____

General Contractor:

Name: _____

Address: _____

Phone #: _____

Site Contractor:

Name: _____

Address: _____

Phone #: _____

Site Contact Name: _____

Site Contact Phone #: _____

Type of Use:

Single-Family Residential

Multi-Family Residential

Non-Residential

Type of Structure:

Primary Structure Accessory Structure

Description of Work:

Value of Construction (\$): _____

Gross Floor Area (Sq. Ft.): _____

Living Area (Sq. Ft.): _____

Height to Tallest Point (Ft.): _____

Area of Land within project limits (Acres): _____

Remodel/Addition (Sq. Ft.): _____

Plumbing Contractor: _____

State Plumbing License#: _____

Number of Trapped Fixtures: _____

Documentation Needed:

The following documents must accompany this application:

- 1) Site Location Map
- 2) Site Plan
- 3) Waste Disposal Verification (if applicable)
- 4) Use Description
- 5) Dwelling Units/Tenant Spaces (if applicable)
- 6) Construction Design Release (non-residential only)
- 7) Plan Authentication Form(non-residential only)
- 8) Set of Construction Plans (2 sets for non-residential)

Certification:

The undersigned affirms under the penalties for perjury that (1) the foregoing representations are true and correct; (2) the required plot plan and construction plans are complete and accurate; (3) he/she will be responsible for all applicable laws and ordinances; (4) he/she understands that approval of the plans and issuance of permits does not obviate the need to comply with applicable laws and ordinances; (5) he/she agrees to hold harmless and indemnify the Town of Edinburgh, Indiana for any losses, claims, or liability resulting from the undersigned, his/her agent, principle, contractor, subcontractor, or supplier's errors of omission and/or commission.

Applicant's Name:

(PRINT)

(Signature) (Date)

Phone # to call when permit is ready: _____

DEPARTMENT USE ONLY:

Permit Type:

Residential (Single-Family Attached & Detached Homes)

New Construction Remodel/Addition Deck

Electrical/Mechanical/Plumbing Upgrade Accessory Structure

Agricultural Building In-Ground Swimming Pool

Roof Upgrade/Repair House Moving

Commercial/Industrial/Multi-Family & Institutional

New Construction Remodel/Addition Accessory Structure

Foundation Release Electrical/Mechanical/Plumbing Upgrade

Miscellaneous Permits

Demolition Mobile Home

Permit Fee: _____

Receipt #: _____

Date Received: _____

Date Issued: _____

PC Case #: _____

BZA Case #: _____

CDR#: _____

Township: _____

Zoning: _____ Overlay: _____

Reviewed By: _____

Release for Construction: Yes No

Notes: _____