



# CITY OF ANDERSON

## Structural Building Permit Application for Commercial and Multi-Family

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

Kevin Smith, Mayor

Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

**Print in Ink • Incomplete Applications Will Not Be Processed • Permit Valid for One Year**

### 1. LOCATION OF CONSTRUCTION ACTIVITY

Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Flood Way Map Panel #: \_\_\_\_\_

Is property in or adjacent to an established Federal Floodway Boundary and Map Area or Special Flood Hazard Area? (Verify through Zoning Division)

Yes  No *If yes, complete Federal Elevation Certificate shall be submitted.*

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Multi Family | <input type="checkbox"/> Commercial  | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Warehousing  | <input type="checkbox"/> Church      | <input type="checkbox"/> Park          |
| <input type="checkbox"/> School       | <input type="checkbox"/> Other _____ |  |

### 2. PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### 3. NATURE OF WORK

**Start Date:** \_\_\_\_\_ **Completion:** \_\_\_\_\_

#### A. Type of Work

- |  |   |
|--|---|
| <input type="checkbox"/> New Construction    | <input type="checkbox"/> Addition                 |
| <input type="checkbox"/> Interior Remodeling | <input type="checkbox"/> Structural Canopy        |
| <input type="checkbox"/> Accessory Building  | <input type="checkbox"/> Tower                    |
| <input type="checkbox"/> Foundation Release  | <input type="checkbox"/> Hotel / Motel            |
| <input type="checkbox"/> Building Shell Only | <input type="checkbox"/> Building Interior Finish |
| <input type="checkbox"/> Fuel Station        | <input type="checkbox"/> Agricultural Building    |
| <input type="checkbox"/> Exterior Remodeling | <input type="checkbox"/> Roofing                  |
| <input type="checkbox"/> Other _____         |   |

#### B. Floor Square Footage

1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ 3<sup>rd</sup> Floor \_\_\_\_\_

Add'l Floor(s) \_\_\_\_\_ Basement \_\_\_\_\_

Deck or Porch \_\_\_\_\_ Garage \_\_\_\_\_ **Total** \_\_\_\_\_

#### C. Type of Bearing Wall Construction

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Masonry             | <input type="checkbox"/> Pole             | <input type="checkbox"/> Wood Frame |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Steel |                                     |

**D. Building Height:** Feet \_\_\_\_\_ Stories: \_\_\_\_\_

**E. Total Cost of Job** \_\_\_\_\_

**F. Erosion Plan on File?**  Yes  No

**G. Intended use of New Structure** (Check Only One)

### 4. CONTRACTOR INFORMATION

**A. Contractor:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Immediate Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Registered Contractor:  Yes  No # \_\_\_\_\_

**B. Electrical Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**C. Plumbing Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**D. HVAC Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

*I hereby certify that I have the authority to make the foregoing application, that the application and accompanying site plan are correct, and that all construction will comply with all ordinances, currently adopted by the City of Anderson, IN. I further certify that all drainage will be properly controlled. I further certify that the construction will not be used and or occupied in any manner until all inspections have been made and a Certificate of Occupancy is issued by the Department of Municipal Development.*

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Property Owner or Authorized Agent of Contractor*

### FOR OFFICE USE ONLY

Application Approved  Application Denied

Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

Special Conditions \_\_\_\_\_