



Kevin Smith, Mayor

CITY OF ANDERSON

Structural Building Permit Application for Detached Garage, Deck, or Accessory Structure

Department of Municipal Development
120 East Eighth Street • Anderson, Indiana 46018
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

**PERMIT NOT REQUIRED IF DECK IS LESS THAN 30" ABOVE FLOOR OR GRADE BELOW
OR IF ACCESSORY STRUCTURE IS LESS THAN 120 SQ. FT.**

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

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

Flood Way Map Panel # _____

Is property in or adjacent to an established Federal Flood Way Boundary and Map Area or Special Flood Hazard Area?

Yes No *(Verify through Zoning Division)*

If yes, a complete Federal Elevation Certificate shall be submitted.

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____

3. NATURE OF STRUCTURAL WORK

Start Date: _____ **Completion:** _____

A. Type of Structure

Deck (floor surfaces over 30" above floor or finish grade)

Accessory Structure (more than 120 Sq. Ft.)

Detached Garage or Carport Porch

B. Dimensions

Deck: L _____ W _____ Railing _____

Sq. Ft. of Deck: _____

Height from deck floor to finished grade: _____

Accessory Structure: L _____ W _____ H _____

Sq. Ft. of Accessory Structure: _____

Garage, Etc.: L _____ W _____ H _____

Sq. Ft. of Detached Garage: _____

C. Classification of Structure Residential Commercial

D. Total Cost of Job _____

4. SPECIAL CONDITIONS

Is there electrical work? Yes No

Is there plumbing work? Yes No

Is there HVAC work? Yes No

5. CONTRACTOR INFORMATION

Contractor: _____

Contact Person: _____

Address: _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____

Immediate Contact Telephone: _____

Email: _____

Registered Contractor: Yes No # _____

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 has been 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 _____
