



# 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

**Kris Ockomon, Mayor**

**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 \_\_\_\_\_