



GRADING PERMIT APPLICATION

TOWN OF BARGERSVILLE
24 N. MAIN STREET, BARGERSVILLE, IN 46106
PHONE 317-422-3150 | FAX 317-422-3743

OFFICE USE ONLY

Permit # _____

Date: ____/____/____

LOCATION:

Address of Construction Site: _____ LOT # _____

Subdivision / Development: _____

Project / Tenant Name: _____

BUILDER/CONTRACTOR:

Contact Name: _____ Email: _____ Mobile # _____

Name / Company _____ Phone # _____

Address: _____

OWNER:

Name / Company _____ Phone # _____

Address: _____

TYPE OF IMPROVEMENT

USE

- Single Family
- Two Family
- Multi-Family # Units _____
- Commercial
- Industrial

BARGERSVILLE UTILITIES AFFECTED

- Electric
- Water
- Sewer
- Stormwater
- Septic Permit Approval
(provide copy from County Health Dept.)

CONSTRUCTION COSTS \$ _____

COMMERCIAL:

Total Acres _____ # of Lots _____

RESIDENTIAL:

Total Acres _____ # of Lots _____

STORM WATER /DRAINAGE:

Total Acres _____ Disturbed Acres of Site _____ Impervious Area _____

Structures shall not be occupied until all inspections have been made and all fees paid before a Certificate of Occupancy has been issued. Permits are voided if construction has not begun with ninety (90) days from issue date. Construction must be completed within eighteen (18) months of issue date. I the undersigned owner or agents agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure will conform to the applicable government ordinances, codes or laws. Failure to comply with these ordinances, codes or laws will result in revocation of the permit issued.

Signature of Applicant or Authorized Agent

Date ____/____/____

OFFICE USE ONLY

Electric \$ _____

Water \$ _____

Sewer \$ _____

Storm Water \$ _____

Building Plans approved _____

Zoning approved _____

Permit fee \$ _____

Date _____

Date _____