

# PERMIT APPLICATION FORM

## Steuben County Government

Detailed scaled site plans and building plans must accompany this application.  
Plan Commission approval requires a recent survey of the property.

**Site plan** to include the size and location of new construction and existing structures on the site, septic systems and well(s), distances from lot lines, location and distance from structures on adjacent properties, distance from county regulated drains or tiles and it shall be drawn in accordance with an accurate boundary line survey.

**Building plans** to include floor plans, exterior elevations, plumbing, heating, electrical layouts and sufficient details to show all construction.

All property lines must be staked and strung before any inspection.

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

Project description \_\_\_\_\_

### APPLICANT

\*(Please check one) Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Project address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Pager/Cellular: \_\_\_\_\_

### OWNER (If different than applicant)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Pager/Cellular: \_\_\_\_\_

*The undersigned agrees: Any changes (to the structure or location) for which this permit is issued will comply with all applicable laws of the State of Indiana and ordinances of Steuben County. All work will be done in accordance with the appropriate Building Code as adopted by the State of Indiana.*

*The undersigned also agrees: The appropriate office will be notified of any changes in the work, scope and substance covered by this permit. This permit is VOID if it is discovered or determined the applicant and/or property owner submitted incorrect or fraudulent information regarding this project.*

**Application packet must be reviewed by Plan Commission staff. Please allow 5 business days for review.**

*Steuben County Zoning Ordinance Section 16.01*

Applicant/Owner \_\_\_\_\_ Date \_\_\_\_\_

(Signature)

### INTERNAL USE ONLY

Site Address \_\_\_\_\_ Map # \_\_\_\_\_

New# \_\_\_\_\_ Lot # \_\_\_\_\_ Subdivision \_\_\_\_\_ Township \_\_\_\_\_ Section # \_\_\_\_\_

### APPROVALS

1. COUNTY OR STATE HIGHWAY PERMIT NO: \_\_\_\_\_ ROAD BORE PERMIT NO: \_\_\_\_\_

2. WASTE DISTRICT LETTER: \_\_\_\_\_

### 3. HEALTH DEPARTMENT

Well Permit No.: \_\_\_\_\_ IDEM \_\_\_\_\_

Sewage Permit No.: \_\_\_\_\_ ISDH \_\_\_\_\_

FEES:	
Well:	\$ _____
Septic	\$ _____
LNO	\$ _____
TOTAL	\$ _____

Date \_\_\_\_\_ Approved \_\_\_\_\_

**INTERNAL USE ONLY**

**4. SURVEYOR:**

This parcel (does) (does not) have a legal drain or right-of-way in its boundaries. The proposed improvements (do) (do not) encroach upon any legal drain or its right-of-way. Drain affected \_\_\_\_\_.

Date \_\_\_\_\_ Approved \_\_\_\_\_

**5. PLANNING/ZONING: LOCATION PERMIT No: \_\_\_\_\_**

Zoning: \_\_\_\_\_ Assn. Approval: \_\_\_\_\_ Split/Survey: \_\_\_\_\_ Air Space: \_\_\_\_\_

Wetlands: \_\_\_\_\_ FIRM Zone: \_\_\_\_\_ FPG Required: \_\_\_\_\_

MH Inspection: \_\_\_\_\_ MH Tax Release: \_\_\_\_\_ Storm Water/Surface Drainage Plan: \_\_\_\_\_

Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

Building Coverage: \_\_\_\_\_ Impervious Coverage \_\_\_\_\_ Basement % \_\_\_\_\_

Bedroom # \_\_\_\_\_ Parking Space # \_\_\_\_\_

Front to R/W: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_ Rear/Lake: \_\_\_\_\_ Height: \_\_\_\_\_

Building to Building (**MEASURED FROM EAVES**):

Front: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_ Rear: \_\_\_\_\_

BZA Petition No. & Description \_\_\_\_\_ BZA Restrictions \_\_\_\_\_

**Property located within the Special Flood Hazard Area (SFHA) will require Certificate of Elevation.**

Date \_\_\_\_\_ Approved \_\_\_\_\_

**6. BUILDING DEPARTMENT:**

RECEIPT NO: \_\_\_\_\_ APPLICATION NO: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

Improvement Value: \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager/Cellular: \_\_\_\_\_

**Building Areas:**

Basement \_\_\_\_\_ Attached Garage \_\_\_\_\_

First Floor \_\_\_\_\_

Second Floor \_\_\_\_\_

Deck(s) \_\_\_\_\_

Accessory Building(s) \_\_\_\_\_

Mobile Home \_\_\_\_\_ Model \_\_\_\_\_

Commercial \_\_\_\_\_

Insulation Plan \_\_\_\_\_

Advance Structural Components:

Lightweight Construction \_\_\_\_\_

Electrical: INRC 2018 \_\_\_\_\_

IEC 2009 \_\_\_\_\_

Plumbing: IPC 2012 \_\_\_\_\_

INRC 2018 \_\_\_\_\_

Date \_\_\_\_\_ Approved \_\_\_\_\_

*Revised 12/5/20*

FEES:	
\$	_____
\$	_____
\$	_____
TOTAL	\$ _____

FEES:	
Finished:	\$ _____
Unfinished:	\$ _____
Garage:	\$ _____
Deck/Porch:	\$ _____
Electrical:	\$ _____
Storage Bldg:	\$ _____
C.O.:	\$ _____
TOTAL	\$ _____