

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, distances from lot lines, 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.

Date: _____ Project description _____

APPLICANT

Project address: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax No.: _____ Pager/Cellular: _____

OWNER (If different than applicant)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax No.: _____ 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.

Applicant/Owner _____ Date _____
(Signature)

Internal use only

Site Address _____ Map # _____

New# _____ Lot # _____ Subdivision _____ Township _____ Section # _____

APPROVALS

1. COUNTY OR STATE HIGHWAY PERMIT NO: _____

2. WASTE DISTRICT LETTER: _____

3. HEALTH DEPARTMENT

Well Permit No.: _____ IDEM _____

Sewage Permit No.: _____ ISDH _____

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

Proposed improvements (will) (will not) interfere with maintenance or expansion of the existing private sewage disposal system or the replacement of the domestic water well.

Date _____ Approved _____

4. SURVEYOR:

Rule 5 Required: _____ Erosion Control Required: _____

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 _____

Front to R/W: _____ Left: _____ Right: _____ Rear/Lake: _____ Height: _____

BZA Petition # _____ BZA Restrictions _____

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

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: _____

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

Date _____ Approved _____