

Form 1

Posey County Building Commission
126 E. Third St. Room 228
(812)838-1324

Residential

Building Commissioner
Ed Batteiger

Building Permit
Application

Administrative Assistant
Alicia Denning

Permit Date:

Permit #:

Township:

Total Fee:

Site of Job Street:

City:

Owner Name:

Contractor:

Address:

Address:

City:

City:

State: IN

State:

Zip code:

Zip code:

Architect/ Designer:

Address:

City:

State:

Zip code:

Phone #:

Fax #:

Email:

Proposed use (List # of living units if applicable) :

Square footage:

Total Value of Work:

Class of Work: (Please list type- New, Addition, Alteration, or Repair)

Type of Work: (Please list type- Residence, Addition, Remodel, Basement, Roof, Windows, Siding, Mobile Homes, Sectionals, Modular, Garage, Pole Barn, Carport, or Pool)

Mechanical: (Please list type- Electric, HVAC, Gas, or Plumbing)

Notice

****SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AND MECHANICAL WORK.**

This permit becomes null and void if work or construction authorized is not commenced within 365 days, or if construction or work is stopped and no inspections are made for a period of 365 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any law regulating construction, setbacks, easements, or the performance of construction. I agree that the work will be described above per the approved plans, specifications and conditions further set forth by the Building Department. It is the duty of the applicant to insure that the work is exposed and accessible for inspection until approved by the Building Official as specified in the Residential Building Code.

X

X

(Signature of Owner, Contractor, or Authorized Agent)

(Print Name and Title)