

Building Permit Application

MADISON COUNTY PLANNING COMMISSION

16 E 9TH STREET, BOX 13, ANDERSON, IN 46016

(765)641-9541 www.madisoncounty.in.gov

****This application MUST BE completed in its entirety and must be legible.**

**** No application will be accepted without all the necessary approvals.**

Construction of this project shall start within twelve (12) months of the date of this permit or the permit will expire, otherwise, this permit will be in effect for a maximum of two (2) years. **A Certificate of Occupancy shall be issued prior to the use and/or occupancy of all structures covered by this permit.**

Owner's Information

Name _____ Phone # (s) _____

Address, include City, State & Zip Code _____

Property Information

Subdivision Name, if applicable _____ Lot # _____

Property dimensions or acreage _____ Project address _____

Location directions: On the _____ (N,S,E,W) side of _____ (County Rd. name or number)
approximately _____ (how far in which direction?) from _____
(County Rd. name or number)

Construction Information

Improvement type (*what are you building*) _____

of stories _____ Type of construction (*eg. stick built, modular, manufactured*) _____

Foundation type (*eg. basement, crawl, slab*) _____ Roof trusses manufactured? _____

If yes, by whom? _____ Fireplace? _____ If yes, prefab or masonry? _____

Type of water heater (*eg. gas, elec, propane*) _____ Type of heat _____

of garage bays _____ Screened porch? _____ Patio or deck? _____

Electric service provider (*eg. AEP, PSI*) _____ Type of deck or patio _____

Total square feet or dimensions of improvement _____

Estimated cost of improvement _____ **Are you working on: Electric, Plumbing, or Heat**

of bedrooms _____ # of bathrooms _____ footer or foundation **(please circle all that apply)**

Contractor Information

Is the property owner the general contractor? _____

If no:

Contractor name _____ Phone # _____

Address, include City, State & Zip Code _____

REQUIRED DOCUMENTS

READ ATTACHED INSTRUCTION SHEET.

Signature of Landowner/Applicant

The above and foregoing information is true and correct to the best of my knowledge.

Signature of applicant

Date

Whom do we contact when permit is ready?

Printed name of applicant

OFFICE USE ONLY

Flood Plain elevation (from County Surveyor)

Map Number 180442000 _____ approx. elevation _____

____ Forward to IDNR for elevations
____ Elevation certificate required
____ Issue Permit

Approved by _____ Date _____

Signature required

Notes/restrictions: _____

Date submitted _____ Parcel number _____ Township & Section No. _____

Zoning district _____ Split date _____ MCPC pet. # _____ BZA pet. # _____

Road classification: Local Collector Arterial** Proposed ROW 30 45 50 ** Actual ROW _____

Required setbacks: front _____ plus ROW = _____ side (N,S,E,W?) _____ back _____

Actual setbacks: front _____ plus ROW = _____ side (N,S,E,W?) _____ back _____

Notes & restrictions: _____

Approved by _____ New address issued: _____

PERMIT NUMBER ASSIGNED _____