



BUILDING PERMIT APPLICATION

Town of Avon
6570 East US Highway 36
Avon, IN 46123

1. LOCATION OF IMPROVEMENT

Street Address: _____

Major Subdivision Name: _____ Zoning Classification: _____

Lot Area: _____ sq. ft. Lot Dimensions: _____ x _____ ft. Lot No. _____ Section: _____

Location of Nearest Intersection: _____

2. PROJECT CONTACT (Name, Address, City, State, Zip Code, and Telephone Number)

Owner: _____

Engineer/Surveyor: _____

Builder/Contractor: _____

Email Contact: _____

3. TYPE OF IMPROVEMENT

<u>Type of Structure</u>	<u>Type of Structural Work</u>	<u>Use of Proposed Structure</u>	
<input type="checkbox"/> Principle	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Single Family	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Accessory	<input type="checkbox"/> New	<input type="checkbox"/> Two-Family	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Garage	<input type="checkbox"/> Addition	<input type="checkbox"/> Multi-Family	_____
<input type="checkbox"/> Storage	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Other _____		

4. CHARACTERISTICS OF THE STRUCTURE

Total Area: _____ sq. ft. Total Living Area: _____ sq. ft. Height of Structure: _____ ft.

Number of: Floors: _____ Rooms: _____ Bedrooms: _____ Bathrooms: _____

Off Street Parking Spaces: Indoor: _____ Outdoor: _____ Total: _____

Estimated Construction Cost of Structure: \$ _____ Building Exterior: _____

Front Elevation: _____ Model # or Name: _____

Building Materials: _____

5. UTILITIES (Please List Supplier)

Water Supply: _____ Sewage Disposal: _____ Electrical Power: : _____

6. PERMITS/APPROVALS

- | | |
|---|--|
| <input type="checkbox"/> Indiana State Release of Plans # _____ | <input type="checkbox"/> Sanitary Sewer Tap-In Permit |
| <input type="checkbox"/> Indiana IDEM | <input type="checkbox"/> Zoning Variance Case # _____ |
| <input type="checkbox"/> Indiana DNR | <input type="checkbox"/> Plan Commission Approval Case # _____ |

7. FLOODPLAIN DATA (Complete only if site is within the 100-year floodplain)

Elevation of the 100-year flood: _____ ft. First Floor elevation above mean sea level: _____ ft.

8. AFFIDAVIT OF APPLICANT

1. I understand that the review of this permit may take up to 30 days.
2. Work cannot be started before a building permit has been posted and work cannot continue if the building permit has been destroyed, lost, or stolen. A new building permit must be posted.
3. The building permit must be posted on-site in a conspicuous location, visible from the street, and must remain in place during the entire period of construction.
4. The building permit becomes void if construction work has not started within twelve (12) months from the date the permit was issued.
5. If any changes or deviation are made from the original application, a new building permit must be obtained from the Planning and building Department.
6. The undersigned is responsible for the scheduling of all building inspections. The permit number is required to schedule an inspection.
7. **The structure cannot be occupied until all inspections have been made and approved, and a Certification of Occupancy has been issued by the Building Inspector.**
8. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate and applicable governmental ordinances, codes, or laws. In addition, any omission or misrepresentation of fact, with or without intention of the undersigned, or any alteration or change from revocation of any permit used which was based on the approval of this application.
9. I (we) understand that the application fee does not include the fees associated with design review and/or construction management review. Fees for design review and/or construction management review are the direct responsibility of the applicant payable directly to the engineering firm(s) specified by the Town at rates set out by various agreements and/or ordinances of the Town, for services, inspections, reports, and the like required by the Town.

9. APPLICANT INFORMATION (I have read and agree with the above affidavit.)

(Applicant Name – Please Print)

(Applicant Signature)

(Applicant's Mailing Address)

(Date)

(City, State, and Zip Code)

(Telephone Number)

----- FOR OFFICE USE ONLY -----

Date Received: _____

Permit Fee Collected: \$ _____

Receipt Number: _____

Permit Number: _____

Date Issued/Denied: _____

Issued By: _____