

**PULASKI COUNTY BUILDING DEPARTMENT**

**125 South Riverside Drive - Suite 150, Winamac, IN 46996**

574-946-7858 Cell: 574-242-2046 FAX: 574-946-4917

PERMIT # \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

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

The undersigned certifies that the proposed work is authorized by the owner of record and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction. The undersigned furthermore agrees that any construction, reconstruction, enlargement, alteration of structure, or any change in use of land or structure requested by this application shall comply with all applicable laws of the State of Indiana, Ordinances of the county of Pulaski, and all amendments thereto.

**Project Address:** \_\_\_\_\_

County/City/Town: \_\_\_\_\_ IN. (zip code) \_\_\_\_\_

Township: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Blk #: \_\_\_\_\_

**Parcel No. 66-** \_\_\_\_\_ Lot size/acreage: \_\_\_\_\_

Directions to project site: \_\_\_\_\_

\_\_\_\_\_

Applicants name: (print) \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

Applicants address: \_\_\_\_\_

\_\_\_\_\_ IN. (zip code) \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Ownership name:** \_\_\_\_\_ (if different from applicants)

Address: \_\_\_\_\_ IN. (zip code) \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

**TYPE OF IMPROVEMENT:** Estimated cost of project \$ \_\_\_\_\_

**CONSTRUCTION TYPE:** Commercial \_\_\_\_ Residential \_\_\_\_

**COMMERCIAL:** Project # \_\_\_\_\_ Release Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**RESIDENTIAL:** Do you have the required health department release: \_\_\_\_\_

Permit numbers: Septic \_\_\_\_\_ Water well \_\_\_\_\_

**Structure type:** (circle one) wood frame-masonry-steel-reinforced concrete-aluminum/plastic-if any other please specify \_\_\_\_\_

**Proposed project:** (circle one) new residential home-new commercial property-deck-porch-additional room-shed-re-roof-fence-garage-pool-interior remodel-exterior remodel, or other, electrical, plumbing, HVAC, \_\_\_\_\_

**General contractor for project:** \_\_\_\_\_

Contractor phone number: \_\_\_\_\_, Contractor registration # \_\_\_\_\_

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**Calculation of permit costs:**

**Residential:**

**Per floor sq. ftg:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd/other</sup> \_\_\_\_\_ **Porch** \_\_\_\_\_  
**Finished basement** \_\_\_\_\_ **attached garage** \_\_\_\_\_ **Deck** \_\_\_\_\_

Square feet total: \_\_\_\_\_ x \_\_\_\_\_ per square foot = \$ \_\_\_\_\_

Flat rate fee: \$ \_\_\_\_\_ **TOTAL PERMIT FEE:** \$ \_\_\_\_\_ . \_\_\_\_\_

**Commercial/Industrial:** Filing fees: \$ \_\_\_\_\_ . \_\_\_\_\_ + Total square feet: \_\_\_\_\_  
X . \_\_\_\_\_ cents per sqft. = **TOTAL PERMIT FEE:** \$ \_\_\_\_\_ . \_\_\_\_\_ ( Max \$5000.00)

Total building permit fee schedule available upon request.

Estimated completion time of work. MM/DD/YEAR. \_\_\_\_\_.

**Miscellaneous information:** Zoning District: \_\_\_\_\_ Zoning permit # \_\_\_\_\_

[100 yr Flood plain: IN \_\_\_\_\_ ( SFHA: Floodway\_\_\_\_, DNR permit required.) Floodway Fringe \_\_\_\_\_ ),  
OUT \_\_\_\_\_ . ]

**Documents submitted:** Construction \_\_\_\_\_ Site plan \_\_\_\_\_ None \_\_\_\_\_

If there is any misrepresentation in this application or any associated documents, Pulaski County may revoke any permit or Certification of Occupancy issued based upon this misinformation. It is understood that access to the property under construction/remodel will be available for work inspection during reasonable working hours. All building permits are in effect for a period of one (1) year from application date. If construction exceeds the one year period, a notice must be given to the Building Department. An additional fee may be required. Be advised that all building code enforced is the adopted building code for the State of Indiana.

**Signature of agreement to the above statement:**

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permit #:** \_\_\_\_\_ **Cost:** \$ \_\_\_\_\_ . \_\_\_\_\_ **Receipt No.:** \_\_\_\_\_

**Building Commissioner Signature:** \_\_\_\_\_.

NOTICE OF ASSESSMENT REGISTRATION: An owner of real property, or the owner's agent, is required to file this notice with the County Assessor before demolishing, structurally modifying, or improving property. Be advised that under IC 6.1-5-15 Indiana Code that civil penalty of \$100.00 can be leveled against the owner or agent for non filing. SEE FOLLOWING ATTACHMENT.