

# BUILDING PERMIT APPLICATION

DEARBORN COUNTY, INDIANA

PHONE: 812-537-8822

Date: _____ Permit Number _____			
Owner:	Mail Address	Phone:	
Site Location:	Email:		
Contractor:	Mail Address	Phone:	
Architect or Engineer:	Mail Address	Phone:	License#:
Plumber:	Mail Address	Phone:	License#:
Electrician:	Mail Address	Phone:	
HVAC:	Mail Address	Phone:	
Foundation Contractor:	Lender:		
Describe Work:			
Valuation of Work:	Permit Fees:		

-----THIS LOWER SECTION TO BE FILLED OUT BY COUNTY STAFF-----

**Notice:**  
 This permit becomes null and void if work or construction, Authorized is not completed within 2 years after date of issuance.

ALL REQUESTS FOR INSPECTION RECD. AFTER 9 AM WILL BE PERFORMED ON THE FOLLOWING WORKING DAY. A MINIMUM OF 24 HRS NOTICE MUST BE GIVEN FOR AN INSPECTION. NOTICE WILL BE GIVEN IN PERSON OR BY TELEPHONE TO THE BLDG. COMM. OFFICE AT THE DEARBORN COUNTY ADMIN BLDG. 812-537-8822

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified hereon or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. **I further certify that the construction will not be used or occupied until a certificate of occupancy has been issued by the Building Commissioner of Dearborn County, Indiana.**

Type of Const \_\_\_\_\_  
 Size of Bldg (Total sq. ft.) \_\_\_\_\_  
 No. of Dwelling units \_\_\_\_\_

Special Approvals	Req.	Received	N/R
Zoning			
Health Dept.			
HVL			
IDFBS			

**Other conditions:**

**Bedroom windows must conform to code.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupancy designation \_\_\_\_\_

Location improvement #: \_\_\_\_\_

Plans checked by: \_\_\_\_\_

Commissioner: \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF CONTRACTOR /AGENT OWNER