

COMMERCIAL/INDUSTRIAL

Building Permit Application

Columbus/Bartholomew County

Department of Technical Code Enforcement

Instructions: Print all information in *ink*. Failure to provide requested information might delay the processing of this application. **For assistance call 812-379-1535.**

Location of proposed construction activity:

Address: _____
Number N-S-E-W Street Name City

Lot #/ Subdivision (PUD): _____
Lot # Subdivision

Owner/Occupant of above location:

Name: _____
Last First Middle Initial

Address: _____
Number N-S-E-W Street name Apt #
City State Zip Code

Telephone: (____) _____

Contractor responsible for this Permit:

Company Name: _____

Contact Person: _____

Company Address: _____

Registration #: _____ E-mail: _____

Phone #: (____) _____ (____)/(____) _____ (____)

Proposed Sub-Contractors: (sign-off sheets must still be submitted)

Electrical: _____ Lic #: _____

Plumbing: _____ Lic #: _____

HVAC: _____ Reg #: _____

Sprinkler: _____ Reg #: _____

I, hereby, certify that I have the authority to make the foregoing application, that all accompanying documents are accurate and correct; **AND that All sign-off sheets will be submitted prior to any electrical, plumbing or mechanical work being done. [If work is done before sign-off's are submitted to this office a minimum fine of \$100.00 will be assessed the responsible party.]** I further certify that the structure or portion of the structure under construction will not be used or occupied in any manner until all inspections have been made and a Certificate of Occupancy has been issued by the Department of Technical Code Enforcement.

Signature of Owner/Occupant / Signature of Contractor Date

For Office Use Only

Application #: _____

Permit #: _____ Fee: \$ _____

Township: _____

Map & Parcel #: _____

Subdivision(PUD): _____

Flood Rating: _____ Zoning: _____

Released: _____ Denied: _____

Date: ____/____/____ Received by: _____

Type of Construction/Improvement to be done:

____ New ____ Addition ____ Remodel
____ Sprinklered ____ non-Sprinklered

Building/Structure's Proposed Use:

(if **Mixed** mark all that apply)

- Assembly- (circle type) A1 A2 A3 A4 A5
- Business- Office, Professional, Service (B)
- Mercantile (department stores, drug stores) (M)
- Factory Low Hazard (F2)
- Factory Moderate Hazard (F1)
- Educational (includes daycare) (E)
- Hazardous- (circle type) H1 H2 H3 H4 H5
- Institutional- (circle type) I1 I2 I3 I4
- Residential- (circle type) R1 R2 R3 R4
- Storage Low Hazard (S2)
- Storage Moderate Hazard (S1)
- Storage Tanks (U1)
- Towers (cell, water, etc.) (U2)

Project Size: _____ stories

Basement: _____ (square feet)

1st Floor: _____ (square feet)

2nd Floor: _____ (square feet)

3rd Floor: _____ (square feet)

Total sq. ft. (all floors): _____

Value of proposed Construction/Improvement:

\$ _____

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