

CLASS 1 (COMMERCIAL) STRUCTURAL PERMIT APPLICATION

PERMIT NUMBER: STR _____ — _____		DROP OFF # _____									
A. ADDRESS: _____ IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____		N. CONSTRUCTION DESIGN RELEASE PROJECT NUMBER: _____									
B. OWNER OR LESSEE OF THE PROPERTY: NAME: _____ ADDRESS: _____ _____ CITY STATE ZIP CODE TELEPHONE NUMBER: (_____) _____ — _____		O. CONSTRUCTION TYPE: As defined by the IBC _____									
C. EXISTING ZONING: _____		P. PROPOSED OCCUPANCY: As defined by the IBC _____									
D. EST VALUE OF CONST ACTIVITY: \$ _____		Q. IS THERE A CHANGE OF OCCUPANCY? As defined by the IBC (CIRCLE ONE) YES NO									
E. PETITION NUMBER: _____		R. IS A FIRE SUPPRESSION SYSTEM BEING INSTALLED? (CIRCLE ONE) YES NO EXISTING									
F. TYPE OF STRUCTURE: ____ 1) PRIMARY ____ 2) ACCESSORY ____ 3) OTHER: _____		S. IS A FIRE ALARM SYSTEM BEING INSTALLED? (CIRCLE ONE) YES NO EXISTING									
G. PERMIT TYPE: ____ FOUNDATION ONLY ____ NEW PRIMARY ____ ADDITION ____ NEW ACC STR ____ ADDITION & REMODEL ____ TENANT FINISH ____ PLACEMENT EXT STR ____ REMODEL ____ OTHER: _____		T. IS A HOOD BEING INSTALLED? (CIRCLE ONE) YES NO EXISTING									
H. PREVIOUS USE OF STRUCTURE: _____ _____		U. I AM REQUESTING REVIEW OF THE FOLLOWING: (PLACE AN "X" NEXT TO ALL THAT APPLY) ____ FOUNDATION ____ CORE & SHELL ____ INTERIOR FINISH ____ ELECTRICAL ____ HVAC ____ FIRE ALARM ____ PLUMBING ____ FIRE SUPPRESSION ____ HOOD									
I. PROPOSED USE OF STRUCTURE: _____ _____		V. CONTACT FOR PLAN REVIEW COMMENTS: NAME: _____ ADDRESS: _____ _____ CITY STATE ZIP CODE EMAIL: _____									
J. NUMBER OF UNITS: _____		W. CONTRACTOR/APPLICANT INFORMATION: IF A CONTRACTOR HAS BEEN OR WILL BE HIRED TO DO THE WORK FOR WHICH THIS PERMIT IS REQUESTED, HE/SHE MUST BE LISTED IN MARION COUNTY AND MUST COMPLETE AND SIGN THIS SECTION: BUSINESS NAME: _____ _____ Business Listing Number Individual Listing Number I understand that additional approvals or permits may be required as a prerequisite to the issuance of a building permit. When applicable, those approvals or permit cases may include, but may not be limited to, issuance of a Floodplain Development permit as required by Municipal Code Chapter 565, a Drainage permit as required by Chapter 561, an Improvement Location Permit as required by Chapter 740, Regional Center approval or approval from the Indianapolis Historic Preservation Commission as required by Chapter 742, or others. I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE YOUR NAME (PRINT): _____									
K. GROSS FLOOR AREA OF REMODEL (IF APPLICABLE): _____ NUMBER OF STORIES BEING REMODELED: _____ <table><tr><td>STORY #</td><td>AREA OF REMODEL</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>		STORY #	AREA OF REMODEL	_____	_____	_____	_____	_____	_____		
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_____	_____										
L. ADDITIONAL GROSS FLOOR AREA (IF APPLICABLE): _____ NUMBER OF STORIES BEING ADDED: _____ <table><tr><td>STORY #</td><td>ADDITIONAL GFA</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>		STORY #	ADDITIONAL GFA	_____	_____	_____	_____	_____	_____		
STORY #	ADDITIONAL GFA										
_____	_____										
_____	_____										
_____	_____										
M. USE OF ADVANCED STRUCTURAL COMPONENTS: ____ NONE PROPOSED ____ I-JOISTS THROUGHOUT ____ I-JOISTS PARTIAL USE (DESCRIBE LOCATION) _____ ____ ROOF TRUSSES THROUGHOUT ____ ROOF TRUSSES PARTIAL USE (DESCRIBE LOCATION) _____		SIGNATURE: _____ (Contractor or Applicant) DATE: _____ TELEPHONE NUMBER:(_____) _____ — _____ EMAIL: _____									