CLASS 2 (RESIDENTIAL) DEVELOPMENT PERMIT APPLICATION

ILP ___ – _____, **STR**___ – _____, **DRN** ___ – _____, **DRV** ___ – _____ **DROP OFF #** _____

A. ADDRESS: _____

SUBDIVISION NAME: _____

SECTION: _____ LOT: _____

B. OWNER OR LESSEE OF THE PROPERTY:

NAME: _____

ADDRESS: _____

_____

CITY STATE ZIP CODE

TELEPHONE NUMBER: (_____) _____ – _____

C. USE: ___ 1 FAMILY ___ 2 FAMILY ____TOWNHOME

D. EXIST ZONING: _____

E. COMMITMENTS: _____YES _____ NO

F. PETITION NUMBER: _____

G. THOROUGHFARE TYPE: _____

H. TYPE OF STRUCTURE:

____1) PRIMARY ____ 2) ACCESSORY

____3) OTHER: _____

____4) POOL: _____

Fence / Pool Cover Installer

I. SPECIAL DISTRICTS/APPROVALS:

____ 1) FLOODWAY/FLOODPLAIN **FLD** _____

____ 2) HISTORIC DISTRICT _____

EXCLUDED CITY ____BEECH GROVE ____ LAWRENCE

____SOUTHPORT ____ SPEEDWAY

J. EXISTING IMPROVEMENTS: _____

_____

K. PROPOSED IMPROVEMENTS: _____

_____

L. DEVELOPMENT STANDARDS:

PRIMARY/ATTACHED REQUIRED		PRIMARY/ATTACHED PROPOSED	ACCESSORY/DETACHED REQUIRED		ACCESSORY/DETACHED PROPOSED
_____	FRONT	_____	_____	FRONT	_____
_____	SIDE 1	_____	_____	SIDE 1	_____
_____	SIDE 2	_____	_____	SIDE 2	_____
_____	SIDE AGG	_____	_____	SIDE AGG	_____
_____	REAR	_____	_____	REAR	_____
_____	MAIN FL AREA	_____	_____	FLOOR AREA	_____
_____	ATT GAR	_____			
_____	MAX HEIGHT	_____	_____	HEIGHT	_____
_____	# OF STORIES	_____	_____	# OF STORIES	_____
_____	TOT LIV AREA	_____			

OF UNITS _____ BLDG AREA _____ COV OPEN SPC _____

REQUIRED		PROPOSED
_____	% OPEN SPACE	_____
_____	FRONTAGE	_____
_____	# OF PARKING SPACES	_____
_____	LOT WIDTH	_____
_____	LOT AREA	_____

M. EST VALUE: _____ **N. # OF STORIES:** _____

O. EXIST SF: _____ **P. ADD SF:** _____

Q. LOAD CONSTRUCTION TYPE:

____1) CONCRETE ____ 2) ENGINEERED

____3) MASONRY ____ 4) POST & BEAM

____5) STEEL ____ 6) WOOD FRAME

R. FOUNDATION TYPE:

____1) CRAWLSPACE ____ 2) SLAB

____3) ENGINEERED ____ 4) EXISTING

____5) FINISHED BASEMENT ____ 6) POST & PAD

____7) UNFN BASEMENT ____ 8) WOOD

S. 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)

_____

T. DRIVEWAY CONSTRUCTION:

_____1) NEW _____ 2)REPAIR #OF ACCESSES _____

WIDTH _____ SURFACE TYPE _____

U. ENERGY CODE COMPLIANCE: (PRESCRIPTIVE IS DEFAULT)

____PRESCRIPTIVE: TRADITIONAL R-VALUE

____TOTAL UA ALTERNATIVE: RES-CHECK

____PERFORMANCE: REPORT REQUIRED

V. INCLUDED IN PROJECT: ___ ELE ____HTG ____PLM

W. CONTRACTOR/APPLICANT INFORMATION & DRIVEWAY INDEMNIFICATION AGREEMENT:

The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Business and Neighborhood Services, the Department of Public Works and the City of Indianapolis from and against all claims, actions, damages and expenses, including but not limited to reasonable attorney's fees on any alleged injury and/or death to any person or damage to any property arising, or alleged to have risen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors or assigns regardless of whether such acts are the direct or indirect result of the Public Right-of-Way Use pursuant to this permit grant.

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 following representations are true and the required plot plan and building plans are complete and accurate. Application and review fees are non-refundable and due upon submittal regardless of permit issuance.

YOUR NAME (PRINT): _____

SIGNATURE: _____

DATE: _____ PHONE: (_____) _____ – _____

BUSINESS NAME: _____

(AS IT APPEARS ON CONTRACTOR'S I.D. CARD)

_____ _____

Contractor Business I.D. No. Contractor Individual I.D. No.

EMAIL ADDRESS: _____

DEPARTMENT OF BUSINESS AND NEIGHBORHOOD SERVICES
200 E. Washington St. Suite 107
Indianapolis, IN 46204
PHONE: (317) 327-8700
EMAIL: PermitQuestions@indy.gov
www.indy.gov