

Required Information for a

# Commercial Building Permit

## Ingalls, Indiana

*The following information must be included when returning your application.*

- A completed **BUILDING PERMIT APPLICATION** signed and dated. Please include the full mailing address (city, state, zip codes) for the property owner and contractor.
- One copy of the **RECORDED DEED FOR THE PROPERTY.**
- Three copies of the **SITE PLAN** – to scale, showing: **Maximum size 11 by 17**  
**Folded to 8 by 11**
  1. Outline of the entire property,
  2. Location of all site improvements: (All buildings, mini barns, parking areas, new buildings, pools, lakes, etc.),
  3. All easements,
  4. Set back distance from property lines to proposed improvement/building,
  5. Location of septic tank, field and well if applicable.
- One copy of the **SEWER/SEPTIC PERMIT** .
- The building permit application must be signed off by the Madison County Surveyor.
- One copy of the **CONSTRUCTION DESIGN RELEASE**
- Three copies of the stamped approved **CONSTRUCTION DOCUMENTS** for the new structure or structures. Include two copies of the **truss calculations** with a **registered Indiana architect or engineers seal and signature** if manufactured trusses are to be used on the project. **Folded to 8 by 11.**

# COMMERCIAL CONSTRUCTION

## Construction Documents (Blue Prints) Required Information

The following information is REQUIRED to obtain a building permit within the jurisdiction of the Town of Ingalls. This information will be reviewed for compliance with the minimum standards as set forth in the current 2008 Indiana Building Code. The omission of any information noted below will cause delays in processing the building permit application. Please read these instructions carefully and if you have any questions please feel free to call Ingalls Town Offices at (317)485-4321.

A set of construction documents (blue prints) prepared by an Indiana Licensed Architect SHALL contain:

- FOUNDATION PLANS
- FLOOR PLANS (for each level)
- WALL SECTION OR BUILDING SECTION
- BUILDING ELEVATIONS (front, back, and side views)
- TRUSS CALCULATIONS (if using manufactured trusses)

---

### FOUNDATION PLAN

The following information SHALL be indicated:

- Show and dimension all footings, pier footings, thickened slabs, etc.
- Show foundation walls and locate crawl space vents, sump pit, and crawl access.
- For basement – label use of rooms/ areas, show location of water heater, furnace, electrical panel, sump pit, etc.
- Show girders (floor beams) and not the type and size.
- Show the size, spacing, grade, and species of floor joist. With an arrow show the direction of span for the floor joist (if the size, spacing, grade species or direction of span varies within the structure, indicate each variation.)

2 x 10 F.J. @ 16" o.c.

No. 2, S.Y.P.

- The minimum requirements for footings and foundations are found in the 2008 Indiana.

## FLOOR PLAN (for each floor level)

The following information SHALL be indicated:

- All rooms shall be labeled as to use.
- Room and partitions shall be dimensioned.
- Show the location and size of all windows and doors.
- Indicate areas with vaulted or cathedral ceilings.
- Show the size, spacing, grade, and species of floor joist. (for level above), ceiling joist and rafters. With an arrow show the direction of span for the floor joist, ceiling joist and rafter. (if the size, spacing, grade species or direction of span varies within the structure, indicate each variation.)

2 X 8 C.J. @ 16" o.c.

No. 2, S.Y.P.

- Indicate the location, size and type of attic access.
- Indicate the type of fireplace (masonry or factory).
- Indicate the location and height of all required guardrails, handrails or combination handrail/guardrails.

**NOTE:** If manufactured trusses are used, the truss calculations (with a registered Indiana architect or engineer's seal and signature) is required to be submitted as a part of the construction documents. These will be reviewed prior to the building permit being released.

**FOR ADDITIONS:** Indicate walls to remain and walls which are to be removed. Also label the use of all rooms adjacent to the proposed addition.

---

## WALL SECTIONS OR BUILDING SECTION

The following information SHALL be indicated:

- Show and note ALL typical building material.
- Show location of finished grade.
- Note the dimensions of footings and foundation walls, including depth below finished grade.
- Indicate the type of insulation and not their R-value.

## **BUILDING ELEVATIONS**

The following information SHALL be indicated:

- Show all sides of construction.
  - Note the roof pitch and chimney height.
  - Show all windows and doors and note the exterior finish materials.
  - Note the overall height of the structure.
- 

## **ADDITIONAL DETAILS, SPECIFICATIONS OR INFORMATION**

If using an atypical design (log, solar, rammed earth, etc.) new construction materials, unfamiliar construction materials, unfamiliar construction practices, or if any items are unclear to the plan reviewer, additional information, specifications, or details may be required before the building permit will be released.

**NOTE:** Any variations or changes in construction from the drawings submitted, shall have an addendum to the drawings submitted for review before the changes at alterations are made.

The following CODE books are in effect for construction:

2008 Indiana Building Code

Indiana Electrical Code, 2009 Edition

Indiana Mechanical Code, 2008 Edition

Indiana Plumbing Code, 1999 Edition

2008 Indiana Fire Code

Indiana Fuel Gas Code, 2008 Edition

Indiana Energy Conservation Code, 1992 Edition

Ingalls Zoning Code in effect at time of filing

**\*\* APPLICANT MUST COMPLETE THIS PAGE \*\***

**CONSTRUCTION INFORMATION**

GENERAL OR PRIMARY CONTRACTOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IS PROPERTY OWNER THE GENERAL OR PRIMARY CONTRACTOR? \_\_\_\_\_

**SUB-CONTRACTORS**

FOUNDATION:

EXCAVATORS \_\_\_\_\_

PHONE: \_\_\_\_\_

FOOTINGS \_\_\_\_\_

PHONE: \_\_\_\_\_

FOUNDATION WORK:

BASEMENT \_\_\_\_\_

PHONE: \_\_\_\_\_

CRAWL/SLAB \_\_\_\_\_

PHONE: \_\_\_\_\_

ROUGH-IN:

FRAMING \_\_\_\_\_

PHONE: \_\_\_\_\_

PLUMBING \_\_\_\_\_

PHONE: \_\_\_\_\_

ELECTRICAL \_\_\_\_\_

PHONE: \_\_\_\_\_

HVAC \_\_\_\_\_

PHONE: \_\_\_\_\_

**SUB-CONTRACTORS**

FIREPLACE \_\_\_\_\_

PHONE: \_\_\_\_\_

FIREBLOCKING \_\_\_\_\_

PHONE: \_\_\_\_\_

**ENERGY:**

INSULATION \_\_\_\_\_

PHONE: \_\_\_\_\_

**FINAL:**

FINISH CARPENTER \_\_\_\_\_

PHONE: \_\_\_\_\_

FINAL GRADING \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
**DIRECTOR/INSPECTOR**

\_\_\_\_\_  
**DATE**



APPLICATION FOR CONSTRUCTION DESIGN RELEASE

STANDARD / PARTIAL FOUNDATION REQUEST

State Form 37318 (R13 / 8-99) Approved by State Board Of Accounts 1999

Return to: INDIANA DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY PLAN REVIEW BRANCH INDIANA GOVERNMENT CENTER SOUTH 402 W WASHINGTON ST RM E245 INDIANAPOLIS IN 46204-2739 www.in.gov/dhs/2372.htm

PLEASE PRINT CLEARLY

PROJECT LOCATION (Must Be Complete and Accurate)

Name of Project, Closest intersecting street or road, Address (site location, number and street), Suite or Floor, Direction FROM intersection TO project, City, County, Is project within city limits?, Is building State owned

OWNER'S CERTIFICATE (Must Be Executed)

As owner of the project for which this application is being filed, I hereby certify:

- 1. The description of use and information contained on this application are correct.
2. The project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission.
3. Any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

Authorized signature, Name of owner or business, Name (typed or printed), Address (number, street, PO Box if applicable), Title, City, State, Zip Code, Telephone Number, Fax Number, E-Mail, Facility use

I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

DESIGN PROFESSIONAL CERTIFICATE

(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)

As the design professional for the project for which this application and plans are being filed, I hereby certify:

- 1. I am qualified and competent to design such buildings, structures, and systems;
2. the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
3. the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application;
4. the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
5. I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Responsibility is for the following systems: Site, Foundation, Structural, Architectural, Mechanical, Plumbing, Electrical, Fire Suppression, All Above, Other (specify), Signature, Name of firm (if applicable), Address (number, street, PO Box if applicable), Indiana Registration Number, City, State, Zip Code, Telephone Number, E-Mail, Fax Number, Designated Inspecting Design Professional, Indiana Registration Number, Telephone Number

Table with 7 columns: STANDARD FILING FEE, PROCESSING, PARTIAL, FOUNDATION, INSPECTION, LATE FILING, TOTAL

IF MULTIPLE DESIGN PROFESSIONALS ARE INVOLVED IN THE CERTIFICATION PROCESS, SUBMIT AN ADDITIONAL PAGE 1 WITH THE APPROPRIATE INFORMATION.

**PROJECT DATA**

(to be completed by submitter) Please answer all pertinent questions

FOR OFFICE USE ONLY	
SBC project number	Filing date

**DOCUMENTS REQUIRED FOR FILING**

- One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
- One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch, shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
  - Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
  - Foundation and basement plans and details.
  - Dimensioned floor plans for all floors.
  - Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exists.
  - Wall elevations of all exterior walls including adjacent ground elevation.
  - Sections and details of walls, floors and roof, showing dimensions, materials.
  - Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
  - Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
  - Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
  - Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
  - Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
  - Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

PROJECT DESCRIPTION (Must Be Complete)		FLOOR AREAS	ESTIMATED COSTS
Scope of work: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (if applicable) Sq. ft.	
Is this construction the result of fire or Natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (if applicable) Sq. ft.	Addition (if applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None If partial, specify where*	Detailed suppression system plans/specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (if applicable) Sq. ft.	Remodeling (if applicable) \$
Building construction type and occupancy classification	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input type="checkbox"/> No	Total building area square feet	Total project cost \$
Indiana rehabilitation standard (Rule 8) used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of buildings this submittal (Describe if necessary)*	Volume cubic feet (Fee category E only)
Does project include (Check if yes) <input type="checkbox"/> Elevator or lift	<input type="checkbox"/> Combustible fibers storage	<input type="checkbox"/> Fireworks storage	<input type="checkbox"/> Explosives storage
<input type="checkbox"/> High-piled storage	<input type="checkbox"/> Boiler or pressure vessel	<input type="checkbox"/> Hazardous or flammable materials storage	
Describe proposed use of facility IN DETAIL including types of flammable or combustible materials stored or handled *			
Describe IN DETAIL previous or current use of facility (if existing facility)*			
General comments*			Number of persons employed (max/shift) Number of persons (public)

**GENERAL INFORMATION**

Has work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What year and month?	Previous SBC Project Number	Name of Manufacturer	Master Plan / Modular Number
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has notice of violation or investigation been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, probable construction starting date?

\*NOTE: USE SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.



# Ingalls Planning Commission

227 N. Swain St. P.O. Box 277 Ingalls, IN. 46048

(317)485-4321

This is to certify that the attached plans that are being submitted for local building permit approval are the exact same plans that have been submitted and approved by the State of Indiana Department of Fire Prevention and Building Safety.

State Construction Design Release Project Number \_\_\_\_\_

SEAL

Printed Name of Indiana Architect/Engineer

Signature of Indiana Architect/Engineer

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

This certification is to (1) be attached securely to this form, (2) have original printed and signed name of Indiana Architect/Engineer; and (3) to have their Indiana seal applied to this form.

# Ingalls Planning Commission

227 N. Swain St. P.O. Box 277 Ingalls, IN. 46048

(317)485-4321

This is to certify that the attached plans that are being submitted for local building permit approval are the exact same plans that have been submitted and approved by the State of Indiana Department of Fire Prevention and Building Safety.

State Construction Design Release Project Number \_\_\_\_\_

SEAL

\_\_\_\_\_  
Printed Name of Indiana Architect/Engineer

\_\_\_\_\_  
Signature of Indiana Architect/Engineer

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

This certification is to (1) be attached securely to this form, (2) have original printed and signed name of Indiana Architect/Engineer; and (3) to have their Indiana seal applied to this form.

# Use of Alternative Products and/or Methods of Installation related to Building Construction

Whenever a product or method of construction not approved by the 2008 Indiana Build Code (IBC) as amended is used in the construction or re-construction of any building or structure the following procedure will be followed when submitting your permit application and required supporting documentation, please provide the following:

## OPTION A

- Two copies of detailed construction plans.
- Latest and active ES Report from ICC Evaluation Services, Inc. ([www.icc.es.org](http://www.icc.es.org)).
- Most current in effect and up-to-date installation instructions from the manufacturer of the product to be used

OR

## OPTION B

- Two copies of detailed construction plans stamped and signed off by a licensed State of Indiana Architect/Engineer.
- Latest and active ES Report from ICC Evaluation Services Inc. ([www.icc.es.org](http://www.icc.es.org)).
- Most current in effect up-to-date installation instructions from manufacturer of product to be used.

Three additional days may be added to the review time needed by staff to assure all requirements of the 2008 as amended are being complied with.

When a change in the use of a product or method of construction (not approved by the 2008 IBC as amended and that has not been approved as a part of the initial building permit application and review) is found by the inspector at the time of a required inspection... work on that part of the building or structure shall stop immediately and information identified under option A or B shall be provided to the Ingalls Planning Commission office for review. **STOP WORK ORDER will remain in effect until the information is submitted and approved**). Expect delays for this information to be reviewed and approved. A permit re-review of \$40.00 will be charged and paid for prior to resuming any work on this project.

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Contractor

# PRELIMINARY GRADING PERMIT APPLICATION

## APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Contact person \_\_\_\_\_

## PROJECT INFORMATION

Project \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Contact person \_\_\_\_\_

## AUTHORIZATION

The APPLICANT, as stated above, has received approval from the Town of Ingalls, to commence preliminary grading and site preparation for construction in accordance with the approved (Project Name) \_\_\_\_\_

Any changes, alterations, or modifications to the proposed site plans and/or construction plans shall be made at the expense of the APPLICANT and/or DEVELOPER and be subject to further review and approval by the Planning Commission. Further, any damage to adjacent property during the preliminary grade and site preparation, either accidental or otherwise, shall be the sole responsibility of the APPLICANT and/or DEVELOPER.

Thereby it is understood by the APPLICANT and the TOWN that any preliminary site improvements shall not obligate the TOWN to approve any further plans submitted by the APPLICANT and/or DEVELOPER, in relation to the above named project. As a result, no permanent improvements shall be permitted to be installed prior to the final approval of all construction plans for the above named project.

I hereby certify that I have the authority to make the foregoing application, that the application and accompanying documentation are correct, and that all site improvements will comply with the ordinances currently adopted by the Town of Ingalls, Indiana. I further certify that all drainage will be properly controlled, as approved by the engineer for the Town of Ingalls.

APPLICANT \_\_\_\_\_

TOWN ENGINEER \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

# Ingalls Planning Commission

227 N. Swain St. P.O. Box 277 Ingalls, IN. 46048

(317)485-4321

## MEMO

**TO:** Builders, contractors, sub-contractors, homeowners  
**FROM:** Ingalls Building Commissioner  
**RE:** Ordinance definitions of building appurtenances setbacks from property line

When determining the required zoning yard setback the following definition of a structure or building shall apply unless otherwise stated in the zoning ordinance Please be advised that the definition of a building or structure includes all appurtenances attached to or a part of the building or structure. Appurtenances include but are not limited to roof eaves/ gutters; cantilever projections, attaches window wells, chimneys, decks, bay windows, wing walls, etc.

Front yard setbacks are to be measured from the centerline of the road to the structure.

# Ingalls Planning Commission

227 N. Swain St. P.O. Box 277 Ingalls, IN. 46048

(317)485-4321

## INFORMATION REQUIRED

### For an Electrical Permit

- Complete application.
- Provide two copies of site plan showing all current and existing structures on property, and show where electrical will be coming in from.
- If lines are to be buried indicate depth and approximate location of trench on the site plan.
- Show layout of the structure to have electrical work done.
- Explain in detail what is to be done and show where on the structure layout.
- Fill out sheet indicating which electrical code you will be using.
- Indicate on floor plan where meter base and panel box will be located.
- Provide basic materials list. ie. 200 amp meter base; 200 amp GE panel, 5/8" ground rod and height, GFIs, receptacles, wall switches, type of overhead lighting.

# You will need to identify which code you intend to use for electrical installation / upgrades at:

Address of project: \_\_\_\_\_

\_\_\_\_\_ Indiana Electric Code

\_\_\_\_\_ Indiana Residential Code

All electrical and electrical re-inspections will be inspected per the code as indicated above. This form is to be submitted at the time you file for your application.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

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

## Energy Inspection

Will there be any sprayed-in / rigid insulation used any place in the construction of this structure? \_\_\_\_\_

If your answer is yes.....you will need to provide us with two copies of the manufacturer's and installer's contact information, manufacturer's data sheet, installation manual and manufacturer's ASTM Report.

**NOTE:** If the report indicates multiple density PSI, you will need to indicate which one will be used and the thickness to be applied.

If the sprayed-in / rigid insulation is to be used as fire blocking anywhere in the structure you will need to provide us with two copies of the manufacture's ASTM data information sheet that specifically states that the material being used has been certified by an independent laboratory for use as fire blocking material. **A modified test will not be accepted.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

# ELECTRICAL PERMIT APPLICATION

Location of Construction Activity

Address \_\_\_\_\_

\_\_\_\_\_

Lot# \_\_\_\_\_

Commercial \_\_\_\_\_ or Residential \_\_\_\_\_

Scope of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor Responsible for this Permit

Contact person \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contractor Registration # \_\_\_\_\_

\*Authorized Agents Signature\*

\_\_\_\_\_

TYPE OF WORK

- \_\_\_\_\_ Temporary
- \_\_\_\_\_ Permanent
- \_\_\_\_\_ Upgrades
- \_\_\_\_\_ OTHER

APPROXIMATE VALUE \$ \_\_\_\_\_

Will Work take place in the Right of Way? Yes \_\_\_ No \_\_\_ Right of Way Permit # \_\_\_\_\_

Generator Installation? Yes \_\_\_ No \_\_\_



# HEATING & COOLING PERMIT APPLICATION

## Location of Construction Activity

Address \_\_\_\_\_  
\_\_\_\_\_

Lot# \_\_\_\_\_

Commercial \_\_\_\_\_ or Residential \_\_\_\_\_

Scope of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contractor Responsible for this Permit

Contact person \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contractor Registration # \_\_\_\_\_

\*Authorized Agents Signature\*  
\_\_\_\_\_

## TYPE OF WORK

- \_\_\_\_\_ Cooling System
- \_\_\_\_\_ Heating System    \_\_\_\_\_ Gas    \_\_\_\_\_ Electric
- \_\_\_\_\_ Ductwork
- \_\_\_\_\_ Gas lines
- \_\_\_\_\_ Geothermal
- \_\_\_\_\_ OTHER

APPROXIMATE VALUE \$ \_\_\_\_\_

# PLUMBING PERMIT APPLICATION

## Location of Construction Activity

Address \_\_\_\_\_

\_\_\_\_\_

Lot# \_\_\_\_\_

Commercial \_\_\_\_\_ or Residential \_\_\_\_\_

Scope of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contractor Responsible for this Permit

Contact person \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Plumbing License # \_\_\_\_\_

Contractor Registration # \_\_\_\_\_

\*Authorized Agents Signature\*

\_\_\_\_\_

## TYPE OF WORK

- \_\_\_\_\_ New water lines
- \_\_\_\_\_ Water Heater
- \_\_\_\_\_ Connection, Reconnection
- \_\_\_\_\_ Under slab Only
- \_\_\_\_\_ OTHER

APPROXIMATE VALUE \$ \_\_\_\_\_

# SIGN PERMIT APPLICATION

## Location of Construction Activity

Address \_\_\_\_\_  
\_\_\_\_\_

Lot# \_\_\_\_\_

Commercial \_\_\_\_\_ or Residential \_\_\_\_\_

Scope of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contractor Responsible for this Permit

Contact person \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contractor Registration # \_\_\_\_\_

\*Authorized Agents Signature\*  
\_\_\_\_\_

## INFORMATION REQUIRED

- Two copies of DETAILED plans showing location(s). Dimensions, height, width, materials to be used, installation procedures, type of signage, etc.
- If a variance is requested and approved The BZA President and Town Engineer signatures are required.

APPROXIMATE VALUE \$ \_\_\_\_\_

# REQUIRED INSPECTIONS

\_\_\_ Footing – Inspection is required before concrete is placed.

\_\_\_ Basement Wall Rebar – inspection is required prior to the placement of concrete in basement wall forms. This inspection will verify proper size, number and installation of rebar being used for basement wall construction, as well as proper well as proper rebar wire typing and proper sleeves being used for penetrations in basement walls.

\_\_\_ Foundation – inspections must be requested for all structures with basement and crawl spaces. At time of inspection damp proofing, wall installation and placement of walls on footers will be inspected and must be approved prior to backfill of basement over dig and prior to the installation of floor framing over crawl space.

\_\_\_ Roof Framing – inspection must be requested and approved prior to the installation of any drywall for ceiling areas to hang mechanicals. The building must be resistant of water including roofing in place prior to receiving approval.

\_\_\_ Rough/ Frame/ Mechanical – Do not insulate before inspection is approved. Fire caulking, HVAC and all framing must be complete for this inspection. The structure must be water resistant and roofing must be in place for this inspection.

\_\_\_ Rough/Frame/Plumbing - - Do not insulate before inspection is approved. Fire caulking, HVAC and all framing must be complete for this inspection. The structure must be water resistant and roofing must be in place for this inspection.

\_\_\_ Deck Footing Post Hole/Ledger Board – Post holes and deck ledger board must be in place at the same time for this inspection. Footing depth and size will be inspected as well as ledger board installation focusing on faster size, type and spacing of fasteners.

\_\_\_ Pre-slab – inspection must be performed prior to the placement of concrete slabs. This inspection will verify the proper installation of required foundation insulation, aggregate fill, vapor barriers and slab reinforcement.

\_\_\_ Underslab – This inspection must be requested and approved before covering any electrical, mechanical, plumbing, joints, trunk lines of plumbing mechanicals and before placing fill. Purple primer and glue must be used on underslab plumbing or a smoke or water test will be required by inspector. All underslab conduits and ductwork must be in place.

# REQUIRED INSPECTIONS

\_\_\_ Temporary Power – Before requesting temporary power inspection, all utilities must be marked. Do not put temporary power pole or ground rod within 18” of markings. Do not set the temporary service before the underground is marked as this will result in a delay in the service connection. Indiana Dig Location Service is 1-800-382-5544.

\_\_\_ Pre-Roofing / Pre-Brick / pre-siding – This inspection must be requested and passed prior to any permanent electric or framing inspections requests. For this inspection, the vapor barriers must be installed if required by building code or manufacturers specifications; roofing under layment in place, windows and door flashings must be installed. The pre-roof portion of the inspection will not be required on flat roofs.

\_\_\_ Permanent Service – Electrical rough-in must be complete, a GFCI protected outlet must be provided, the electrical panel must have cover and free of any unused opening; ground rod must be installed ; roofing must be in place for inspection and structure must be weather resistant prior to any approval for permanent service.

\_\_\_ Acoustical Ceiling – This inspection must be made prior to installation of any acoustical ceiling tiles. All above ceiling plumbing, HVAC, electrical and framing must be complete for this inspection. Only RATED materials may be exposed in return air plenums.

\_\_\_ Energy – This inspection must be scheduled and passed prior to the installation of drywall and after framing inspection has been approved. All fire blocking, insulation and vapor barriers must be in place for this inspection with the exception of blown in attic insulation.

\_\_\_ Geothermal – This inspection is required after the geothermal loop system is assembled prior to back fill or submerging the system in a body of water. Underground applications require a minimum of 10’ pond depth and free and clear of rocks and debris to prevent loop system damage. Closed loop systems must be air tested at 50 to 75 psi (not to exceed 100 psi). No galvanized piping shall be used on closed loop systems. No mechanical fittings shall be used outside the perimeter of the system. All systems must be installed per manufacturers loop and building entry requirements and must allow clearance for public right-of-way, easements, etc. Tracer wire must be placed around the perimeter of the system Open loop system may be used only if receiving and discharging waters are private property with no outfall into the municipal separate storm sewer system (MS4) or waters of the state. Other State permits may be required.

# REQUIRED INSPECTIONS

\_\_\_ Zoning – All new commercial buildings are required to have a zoning inspection. This inspection must be passes prior to occupancy of any structure. You may request a zoning inspection at any time during construction when your zoning requirements have been completed.

\_\_\_ Final – This inspection is scheduled by submitting a notarized Completion and Compliance form (included in this packet) to the Town of Ingalls no later than five working days prior to requested date of inspection. All fees, required letters and drawings must be received before a final inspection will be scheduled. **DO NOT OCCUPY BEFORE THIS INSPECTION IS APPROVED.** Upon approval a certificate of occupancy will be issued.

\_\_\_ Sewer – This inspection must be scheduled with Fall Creek Regional Waste District. Approval must be submitted to the Town of Ingalls before a Certificate of Occupancy will be issued.

**FAILURE OF INSPECTIONS** – When an inspection has failed, a notice of violation will be posted in the most visible location available. When an inspection fails, a re-inspection fee will be assessed.

**STOP WORK ORDER** – In the event that you have been issued a stop work order you must contact our office IMMEDIATELY @ (317) 485-4321 to resolve any issue that would warrant such citation. Stop work orders will only be removed with approval of the Building Commissioner or his designee.

## COMPLETION AND COMPLIANCE FORM

This is to certify that all construction has been completed in accordance with all applicable codes of the Town of Ingalls including but not limited to the Unified Development Ordinance, and its jurisdiction, Indiana Building Code, Indiana Energy Code, Indiana Mechanical Code, Indiana Fire Code, Indiana Plumbing Code, and the Indiana Electric Code adopted and amended at the time of building permit issuance.

Building Permit # \_\_\_\_\_

Date \_\_\_\_\_

Project Name \_\_\_\_\_

Street Address \_\_\_\_\_

This is to certify that all materials used for this project are within the guidelines set forth above.

This is to certify that all utility installations are in compliance to the above.

This is to certify that all drainage of surface or storm water has been directed according to the approved site plan.

\_\_\_\_ I certify that all landscaping will be completed to approved site plan within 30 days of occupancy or by June 1<sup>st</sup> if inspection occurs during the season of winter (Dec 22-Mar 20)

\_\_\_\_ I certify that I am duly authorized by my company to make this declaration that is binding on their behalf.

Inspection request date/time \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

Witness my hand and notary seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness