



BUILDING PERMIT APPLICATION

Owner _____ Phone # _____

Address of Owner _____

Contractor _____ Phone # _____

Address of Contractor _____

Please fill in each of the following which apply:

- A. Residential _____
- B. Commercial _____
- C. Multi Family _____
- D. Other _____

- 1. New Construction _____
- 2. Addition _____
- 3. Remodel _____
- 4. Siding _____
- 5. Deck _____
- 6. Pool (In-ground) _____ (Above ground) _____
- 7. Demolition/Removal _____
- 8. Access Building _____
- 9. Roof _____
- 10. Other _____

Number of buildings _____ Number of Units _____

Total Square footage _____ Classification _____



TOWN OF INGALLS

308 N. Meridian St. | PO Box 277 | Ingalls, IN 46048

317-485-4321 | Fax: 317-485-5293 | www.townofingalls.u

Current Zoning _____

Location of work to be preformed _____

Lot # _____ Subdivision _____

Value of Construction \$ _____

Are there any other structures on this property? Yes _____ No _____

Describe _____

Scope of work (if other than new construction) _____

I. Structural – CABO / U.B.C

Foundation basement _____ crawl _____ slab _____ wood _____

Floor joint design: brand name* _____ Spacing (C-C) _____

Ceiling joist: brand name* _____ Spacing (C-C) _____

Rafters: _____ Spacing (C-C) _____

Trusses: brand name* _____ Spacing (C-C) _____

Laminated beam: brand name* _____ Spacing (C-C) _____

Girder supports Pillars (dim): Concrete _____ Wood _____ Metal _____

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NOTE -----Spec sheets for all manufactured trusses or any type of laminated beams or girders to be used on this construction must be submitted with permit application.

II. H.V.A.C. System – U.M.C

Furnace type: Gas LP/Nat _____ Elect _____ B.T.U. _____

Efficiency _____ A/C _____ Type _____

Location: Garage _____ Basement _____ Utility Room _____

Attic _____ Other _____

Fireplace: Masonry _____ Pre/fab _____ Wood stove _____

III Electrical – N.E.C.

SVC Panel 100 amp _____ 200 amp _____ other svc: det gar _____ barn _____

Sub panel 100 amp _____ 200amp _____

Location(s): _____

Other: _____

SVC Company: Pendleton Mun Elect _____

P.S.I. Noblesville _____ Anderson Mun _____

IV. Plumbing – B.O.C.A.

NOTE: *Indiana State law requires that all plumbers be licensed by the Indiana State Plumbing Commission* ****Indiana State Plumbing Commission-1990/I.C. 25-28.5 L.A.C. 860****

Plumbing Contractor _____ License # _____



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Company _____

Water Heater: Gas LP/Nat _____ Elect _____ B.T.U. _____

Capacity _____ Type _____

Bathroom(s): Number _____ Showers _____ Sinks _____ Water Closets _____

By signing below the applicant certifies and acknowledges the following:

1. I have read this application and assure the information which has been furnished and made a part of this applicant is for the purposes stated in this application and represents the entire scope of the work to be performed.
2. I understand that any mis-representation or voluntary omission made in this application may constitute revocation of this permit and may jeopardize the issuance of future permits.

Signature of owner, agent, or contractor

Date