



Improvement Location Permit Application

PO Box 27, Albion, Indiana 46701

Telephone (260) 636-2246

Fax (260) 636-2821

Website: www.albion-in.org

1. Owner/Contractor:

Owner:

Name: _____

Address/PO Box: _____

Phone Number: _____

Email Address: _____

Contractor:

Name: _____

Address/PO Box: _____

Phone Number: _____

Email Address: _____

2. Location Information:

Address of Property: _____

Subdivision: _____

Zoning Classification: _____

Lot & Parcel#: _____ / _____

3. Use of Property:

Existing Use of Building and/or Land _____

Proposed Use of Building and/or Land _____

Temporary Use: _____

(60 day maximum)

4. Type of Construction Activity:

Nature of Structure (Principal, Accessory, Etc.) (if applicable) _____

Nature of Land Alteration (if applicable) _____

Type of Construction Activity _____

5. Supplemental Information:

Height of Structure: _____

Gross Floor Area (if applicable): _____

Value of Construction: _____

Living Area (if applicable): _____

6. Required Supplemental Information:

The following information must be provided as elements of the Improvement Location Permit Application:

- | | |
|--|--|
| <input type="checkbox"/> Site Location Map | <input type="checkbox"/> Use Description |
| <input type="checkbox"/> Site Plan (if applicable) | <input type="checkbox"/> Dwelling Units/Tenant Spaces (if applicable) |
| <input type="checkbox"/> Waste Disposal Verification (if applicable) | <input type="checkbox"/> Construction Plans/Schedule (if applicable) |
| <input type="checkbox"/> Driveway Approval (if applicable) | <input type="checkbox"/> Flood Hazard Area information (if applicable) |

I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.

Signature of Applicant: _____ Date: _____

Print Name: _____

Office Use Only

Date Received: ____ - ____ - ____ Fee: \$ _____

Released for Construction:

Administrator Yes No Date: _____

Application #: _____ **Building Inspector** Yes No Date: _____

STRUCTURAL DETAILS (This section contains information for commercial and residential permits. Complete all that apply)

A. SIZE OF STRUCTURE

- 1. Length: Feet _____
Width: Feet _____
- 2. Number of stories above street level _____
- 3. Basement yes no
- 4. Crawlspace yes no
- 5. Slab yes no
- 6. Total Floor Area including basement _____
- 7. Height of structure _____
- 8. No. of Bedrooms _____
- 9. No. of Bathrooms _____
- 10. Attached Garage yes no

B. PRINCIPAL TYPE OF FRAME

- 1. Masonry (wall bearing)
- 2. Wood frame
- 3. Structural Steel
- 4. Reinforced Concrete
- 5. Other – Specify _____

C. HVAC

Heating

- 1. Gas
- 2. Oil
- 3. Electricity
- 4. Other – Specify _____

Air Conditioning

- 1. Gas
- 2. Oil
- 3. Central/Electric
- 4. Individual room a/c
- 5. None

D. TYPE OF SEWAGE DISPOSAL

- 1. Town
- 2. Private (septic tank, etc.)

E. TYPE OF WATER SUPPLY

- 1. Town
- 2. Individual Drilled Well

F. ELECTRIC

- 1. _____ amp service

G. FIRE SUPPRESSION

- 1. Sprinklers
- 2. Other – Specify _____
- 3. None

H. PERMIT REQUESTED FOR:

(Check as many as apply)

- 1. One-family Residential
- 2. Two-family Residential
- 3. Multi-family (No. of units _____)
- 4. Accessory Structures (Garage, Carport, etc.)
- 5. Mobile Homes/Temporary Structures
- 6. Commercial/Other Structure
- 7. Electrical service
- 8. Temporary Use/Structure
- 9. Roof
- 10. Certificate of Occupancy
- 11. Additions/Alterations
- 12. Parking Lot

Included with this application are:

- 4 copies of the site plan and construction plans

Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the Zoning Ordinance of Albion, Indiana and amendments, adopted under authority of I.C. 36-7 et seq. General Assembly of the State of Indiana, and all Acts amendatory thereto. I understand that all changes to the plans will be submitted to the Planning & Building Department for approval, prior to the change being completed. I further certify that only kitchen, bath and floor drains are connected to the sanitary sewer collection system. I further certify that the construction will not be used or occupied until a Certificate of Occupancy has been issued by the Albion Planning and Building Department.

Signature of Owner or Authorized Agent

Print Name

Date

FEE CALCULATIONS

Fee Type	Fee Amount	TOTAL
Residential Dwelling		
<i>Single Family</i>	\$200 + \$0.10 per SF	
<i>Duplex</i>	\$300 + \$0.10 per SF	
<i>Multi Family</i>	\$300 + \$0.10 per SF	
<i>Manufactured Home</i>	\$150.00	
Additions	\$100 + \$0.10 per SF	
Alterations	\$100 + \$0.10 per SF	
Temporary Structure	\$30.00	
Electrical Service	\$30.00	
Temp Electrical Service	\$30.00	
Swimming Pool	\$50.00	
Certificate of Occupancy	\$10.00	

Fee Type	Fee Amount	TOTAL
Accessory Uses		
<i>Accessory Building</i>	\$75.00 + \$0.10 per SF	
<i>Additions</i>	\$75.00 + \$0.10 per SF	
<i>Alterations</i>	\$75.00 + \$0.10 per SF	
<i>Garage</i>	\$75.00 + \$0.10 per SF	

Fee Type	Fee Amount	TOTAL
Commercial/Industrial Building		
<i>Commercial</i>	\$300.00 + \$0.10 per SF	
<i>Industrial</i>	\$300.00 + \$0.10 per SF	
Inspections		
<i>Footing</i>	\$75.00	
<i>Foundation</i>	\$75.00	
<i>Underslab</i>	\$75.00	
<i>Rough In</i>	\$75.00	
<i>Final</i>	\$75.00	
<i>Fire Suppression</i>	\$100.00	
<i>Alarm System</i>	\$100.00	
<i>Hood System</i>	\$75.00	
Addition	\$200.00 + \$75.00 per inspection	
Alterations	\$200.00 + \$75.00 per inspection	
Temporary Structure	\$50.00	
Parking Lot	\$5.00 per space	
Electrical Service	\$30.00	
Temp Electrical Service	\$30.00	
Swimming Pool	\$200.00	
Certificate of Occupancy	\$10.00	