



## GENERAL BUILDING PERMIT

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.920.3342 fax | bpd@ci.auburn.in.us

### APPLICANT/PROPERTY OWNER INFORMATION

<b>Applicant</b>	Name	
	Address	
	Phone / Email	
<b>Property Owner</b> Same as applicant <input type="checkbox"/> Y <input type="checkbox"/> N	Name	
	Address	
	Phone / Email	

### PROJECT LOCATION

<b>Address</b>	
<b>Subdivision, Lot</b>	

### PROJECT INFORMATION

<b>Project Contractor</b>			
<b>Site/Project Mgr Name &amp; Contact Info</b>			
<b>Project Description</b> <i>(include foundation type; number of beds/baths; and garage size)</i>			
<b>Project Details</b>	New Building	Addition	Remodel Interior/Exterior
	Construction Type:		
	Occupancy Type:		
	Stories in Building:	Phased Project:	Yes No
	Basement: Yes No	Building Sprinklered: Yes No	Fire Alarm Provided: Yes No
<b>Work Performed</b> Will building/job have any of the following work performed? <i>Electric and Plumbing Permits must be pulled by licensed contractor, unless the work is being done by the owner.</i>	Electrical Yes No	Plumbing Yes No	Heating/Air Yes No
	Fire Sprinklers Yes No	Fire Alarm Yes No	Hood System Yes No
<b>Use of ASC</b> <i>Will the project include Advanced Structural Components?</i>	Yes-Roof	Yes-Floor	No ASC
<b>Plot Plan Attached</b> <i>(include driveway surface material; sidewalk; and landscaping)</i>	Yes	No	
<b>Elevations Attached</b> <i>(include structure height at tallest peak and eave depth)</i>	Yes	No	
<b>Floorplans Attached</b> <i>(include location of electric service)</i>	Yes	No	



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Estimated Start Date		Est. Completion Date	
Total Square Footage (under roof)		Cost of Project	
Sanitary Sewer Connection	Existing	New	
Water Connection (include tap and meter size, if applicable)	Existing New-Tap Size:	Fire Suppression New-Meter Size:	New-Irrigation Meter Size:
Does your project need a State Design Release?	Yes No Release #: _____	Projects need a State Design Release, if any of following apply: ▪ Open to Public ▪ 3 or more tenants ▪ 1 or more employees with access ▪ Or other criteria outlined in Indiana Code §22-12-1-4	
Contact Indiana 811 at least two full working days before starting their project – It is the law! Call 811 or 1-800-382-5544 or visit <a href="http://www.indiana811.org">www.indiana811.org</a> .			

### APPLICANT SIGNATURE

Property Owner/Applicant acknowledges this application has been reviewed to ensure compliance with the City of Auburn's Unified Development Ordinance. The issuance of the permit does not mean this project meets the criteria of private land restrictions (covenants, deed restrictions etc.). The Property Owner/Applicant is responsible for ensuring the project satisfies any private land restrictions criteria and obtains association/architectural committee approval as necessary. \_\_\_\_\_ (Property Owner/Applicant Initials)

I, the owner or authorized applicant of the owner of record, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the 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 Unified Development Ordinance of Auburn Indiana. The information provided in this application is true and accurate to the best of my knowledge.

**\*\*Pursuant to Ordinance No. 2022-23, all fees are non-refundable regardless of whether the permit is or is not used by the applicant. All fees are non-refundable regardless of the reason for said request.**

\_\_\_\_\_  
Signature of Applicant/Authorized Representative

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

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

\_\_\_\_\_  
Date

Rec'd By/Date		Site-Built		\$	Foundation		\$
Zoning/Overlay		Remodel		\$	Swimming Pool		\$
Flood District	No FW FF	Addition		\$	Deck/Porch		\$
Plng Approval/Date		Sewer Tap		\$	Fire Suppression		\$
Bldg Approval/Date		Sewer Connection		\$	Special Assess/MS4		\$
CDR #		Water Tap		\$	Sys Dev Charge		\$
Total Fees	\$	Water Meter		\$	Other		\$
Receipt #							
Issued By/Date							