

OFFICE USE:

Site-Built # _____	Fee: \$ _____	Manufactured # _____	Fee: \$ _____
Foundation # _____	Fee: \$ _____	Deck/Porch # _____	Fee: \$ _____
Swimming Pool # _____	Fee: \$ _____	Excavation # _____	Fee: \$ _____
Fire Suppression # _____	Fee: \$ _____	Plumbing # _____	Fee: \$ _____
Sewer: Tap # _____	Fee: \$ _____	Connection # _____	Fee: \$ _____
Water: Tap # _____	Fee: \$ _____	Meter # _____	Fee: \$ _____
Special Assessments / MS4:			
Name: _____	Permit # _____	Fee: \$ _____	
Other: Name: _____	Permit # _____	Fee: \$ _____	

Received By: _____ Date: _____ APPROVALS: PLNG: _____ DATE: _____ BLDG: _____ DATE: _____

Total Fees: \$ _____ Receipt # _____ Check # _____ Cash: _____

Flood Plain District: No _____ YES _____ If Yes: FF or FW

Issued By: _____ Billing Address Info forward to Clerk Treasurer & Utility Billing YES / NA Circle the one that applies Date: _____ Zoning: _____

Applicant or Authorized Representative	Name: _____			Phone: _____		
	Street: _____			Fax: _____		
	City: _____	State: _____	Zip Code: _____	Email Address: _____		

Property Owner	Name: _____			Same As Applicant? Yes / No			Phone: _____		
	Street: _____						Fax: _____		
	City: _____	State: _____	Zip Code: _____	Email Address: _____					

Location	Address of Construction: _____						Township: _____		County: DeKalb	
	Lot: _____	Subdivision: _____				Section: _____				

Circle all that Apply	Structure Type: New Remodel / Repair Existing Addition to Existing Utilities	Total Square Footage: <small>(Include sq. ft. of main structure, accessory bldgs, deck, porch, etc.)</small>
	Const. Type: Advanced Structure Components (ASC)? No Yes Floor Roof Type ASC: I-Joist Roof Trusses	

Description of Work to be Completed	Bedrooms: _____	Bathrooms: _____	Garage (1-Car, 2-Car, Etc.): _____	Attached	Basement: Finished Unfinished
	Additional Information: _____			Detached	Bed: _____ Bath: _____

Utilities	Sewer: New / Existing Water use per day _____ gallons	Start Date: _____
	Water: New / Existing Water Tap Size: _____ in Water Meter Size _____ in	Completion Date: _____
	Lawn Irrigation? Yes / No Fire Suppression? Yes / No	Cost of Project: _____

Contractors	General: _____	Phone: _____
	Electrical: _____	Phone: _____
	Plumbing: _____	Phone: _____
	Other: _____	Phone: _____

I, the owner or authorized applicant by 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 Zoning Ordinance of Auburn Indiana. The information provided in this application is to the best of my knowledge and accurate. All work will be done in a public right-of-way, utility or drainage easement, floodplain, or on property other than that described in this Application only with written authorization approved by the City of Auburn Building Department. I further certify that the construction will not be used or occupied until a Certificate of Occupancy has been issued by the City of Auburn Building Department