



# GENERAL BUILDING PERMIT / PLUMBING 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> (include project manager name & phone number, if different)	Name	
	Address	
	Phone / Email	
<b>Property Owner</b> Same as applicant Y    N	Name	
	Address	
	Phone / Email	

## PROJECT LOCATION

Address		
Subdivision, Lot		
Township		DeKalb County

## PROJECT INFORMATION

<b>Project Description</b> (include foundation type; number of beds/baths; and garage size)		
<b>Total Square Footage</b> (under roof)		
<b>Use of ASC</b> Will the project include Advanced Structural Components?	<input type="checkbox"/> Yes-Roof	<input type="checkbox"/> Yes-Floor <input type="checkbox"/> No ASC
<b>Plot Plan Attached</b> (include driveway surface material; sidewalk; and landscaping)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Elevations Attached</b> (include structure height at tallest peak and eave depth)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Floorplans Attached</b> (include location of electric service)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Estimated Start Date</b>		<b>Est. Completion Date</b>
<b>Cost of Project</b>		
<b>Sanitary Sewer Connection</b>	<input type="checkbox"/> Existing	<input type="checkbox"/> New
<b>Water Connection</b> (include tap and meter size, if applicable)	<input type="checkbox"/> Existing <input type="checkbox"/> New-Tap Size:	<input type="checkbox"/> Fire Suppression <input type="checkbox"/> New-Meter <input type="checkbox"/> New-Irrigation Meter Size:                      Size:
<b>Additional Information</b> (provide any additional information about the project)		



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**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 [www.indiana811.org](http://www.indiana811.org).**

**APPLICANT SIGNATURE**

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.

Signature of Applicant/Authorized Representative	Printed Name	Date
Signature of Owner	Printed Name	Date

**OFFICE USE ONLY**

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