

# BUILDING PERMIT APPLICATION

CITY OF LAWRENCEBURG, INDIANA

PHONE: 812-532-3513

FAX 812-532-3559

Date: _____ Permit Number _____			
<b>Owner:</b>	<b>Mail Address</b>	<b>Phone:</b>	
<b>Site Location:</b>			<b>Township:</b>
<b>Contractor:</b>	<b>Mail Address</b>	<b>Phone:</b>	
<b>Architect or Engineer:</b>	<b>Mail Address</b>	<b>Phone:</b>	<b>License#:</b>
<b>Plumber:</b>	<b>Mail Address</b>	<b>Phone:</b>	<b>License#:</b>
<b>Electrician:</b>	<b>Mail Address</b>	<b>Phone:</b>	
<b>HVAC:</b>	<b>Mail Address</b>	<b>Phone:</b>	
<b>Foundation Contractor:</b>	<b>Lender:</b>		
<b>Describe Work:</b>			
<b>Valuation of Work:</b>		<b>Permit Fees:</b>	

**Notice:**

**This permit becomes null and void if work or construction, Authorized is not completed within 2 years after date of issuance.**

ALL REQUESTS FOR INSPECTION RECD. AFTER 9 AM WILL BE PERFORMED ON THE FOLLOWING WORKING DAY. A MINIMUM OF 24 HRS NOTICE MUST BE GIVEN FOR AN INSPECTION. NOTICE WILL BE GIVEN IN PERSON OR BY TELEPHONE TO THE BLDG. COMM. OFFICE AT THE CITY OF LAWRENCEBURG ADMINISTRATION BUILDING.

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified hereon or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify that the construction will not be used or occupied until a certificate of occupancy has been issued by the Building Commissioner of The City of Lawrenceburg, Indiana

**Type of Const** \_\_\_\_\_

**Size of Bldg (Total sq. ft.)** \_\_\_\_\_

**No. of Dwelling units** \_\_\_\_\_

Special Approvals	Req.	Received	N/R
Zoning			
Health Dept.			
BZA			
IDFBS			

**Other conditions: No certificate of Occupancy will be issued until an approved "As-Built" has been received**

**Other conditions (specify)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Occupancy designation** \_\_\_\_\_

**Location improvement #:** \_\_\_\_\_

**Plans checked by:** \_\_\_\_\_

**Commissioner:** \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF CONTRACTOR /AGENT OWNER**