

## **REQUIREMENTS**

### **(to bring along with your Application)**

#### **For obtaining Building permits for the City of New Albany**

**New Single Family Dwellings:** (Please allow at least 3 days to one week for approval).

Set of Plans (plans require Bldg. & Zoning Depts. approval)

- Requirements:**
1. Foundation & Basement plans
  2. Floor Plan of each level
  3. Site plan (layout of house on lot)  
\*\*\*Include finished floor elevations
  4. Elevations - positions of proposed house (right, left, front & rear)
  5. Cross section (construction detail)

This office also requires a copy of the sewer tap permit which should be obtaining prior to the building permit.

#### **Residential Additions, Alterations, and Garages**

- Requirements:**
1. Existing dwelling with addition or alteration showed by dotted lines.
  2. Show distance (measurement) from property lines. (Plot Plan)
  3. Cross section (construction detail)

**\*\*\*NOTE:** The requirements 1 and 2 mentioned directly above will be applied for carports and decks as well:

**Commercial and Industrial Buildings** (Please allow at least 3 days to one week for approval).

- Requirements:**
1. Set of construction plans (Engineer's drawings)
  2. Site layout – indicating location of building on the lot (include distance of property lines)
  3. Cross section
  4. Electrical, Mechanical and Plumbing details
  5. Sewer tap must be approved by Super of Waste Water.
  6. After tap approval, a copy of the purchased sewer tap is required for this office in order to proceed with the building permit.
  7. State approval papers (if required)



City of New Albany, Indiana  
Russ Segraves  
Building Commissioner

**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

**OFFICE USE ONLY**

Approved:      Building: \_\_\_\_\_ Planning: \_\_\_\_\_

**1. Location Information:**

Address of work site: \_\_\_\_\_ Lot / Ste. \_\_\_\_\_

Contractor's name on the work site: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Building Description (Check one):**

New Residential \_\_\_\_\_ Addition \_\_\_\_\_ Deck \_\_\_\_\_ Storage/Shed \_\_\_\_\_ 10 x 12 \_\_\_\_\_

Interior / Exterior Remodel \_\_\_\_\_ Garage / Carport \_\_\_\_\_ attached / detached (circle one)

Other \_\_\_\_\_

**3. Project Details:**

One Story \_\_\_\_\_ Two Story \_\_\_\_\_ Other \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

Basement \_\_\_\_\_ Dimensions of Structure(s): \_\_\_\_\_

Total Sq. Ft. of new/renovated area (including BSM & anything else under roof): \_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_

Please provide a brief description of the scope of work being performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# City of New Albany, Indiana

Russ Segraves  
Building Commissioner

New Albany Board of Zoning Appeals  
311 Hauss Square, Rm. 329  
New Albany, IN 47150  
PH: 812-948-5327 FAX: 812-981-3776

## APPLICATION FOR IMPROVEMENT LOCATION PERMIT

Attach a copy of the Property Survey, Site Plan, and Assessors Plat to this application

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Location of Property (common address): \_\_\_\_\_

Applicant is hereby made to (Check All That Apply)

- \_\_\_\_\_ Construct a New Structure
- \_\_\_\_\_ Construct an addition to an Existing Structure (Interior Only)
- \_\_\_\_\_ Alter an Existing Structure (Exterior Only)
- \_\_\_\_\_ Demolition of an Existing Structure
- \_\_\_\_\_ Repair an Existing Structure
- \_\_\_\_\_ Change use of Property
- \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Present use of Property: \_\_\_\_\_

Proposed use of Property: \_\_\_\_\_

I agree, if granted a permit for the above-described structure at the location designated in the City of New Albany or its Two-Mile Fringe Area Jurisdiction, that I will observe and conform to all Laws, Ordinances, and Regulations affecting Building and Land Use, including Zoning Ordinance Number Z-71-449 and all ordinances amendatory thereof and supplemental now in force in the City of New Albany, and , I consent to inspection of premises for which this permit is granted by the Plan Commission, Board of Zoning Appeals, their staff, or their designees or agents. During and on completion of the construction authorized.

**This is not a building permit. You must still apply for and receive a building permit from the Building Commission Office prior to commencing construction.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_



# City of New Albany, Indiana

Russ Segraves  
Building Commissioner

**DO NOT WRITE BELOW THIS LINE**

**Report of Staff:**

Property is Zoned: \_\_\_\_\_

In Plat Number: \_\_\_\_\_

On Lot Number: \_\_\_\_\_

Other: \_\_\_\_\_

Flood Zone Verification: \_\_\_\_\_

F.I.R.M. Panel Number: \_\_\_\_\_

F.I.R.M. Effective Date: \_\_\_\_\_

**Previous Zoning Action of This Property**

Date of Hearing: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_ APPROVED AS SUBMITTED

\_\_\_\_\_ APPROVED SUBJECT TO THE FOLLOWING

\_\_\_\_\_ PLAN COMMISSION ACTION REQUIRED

\_\_\_\_\_ BOARD OF ZONING APPEALS ACTION REQUIRED

\_\_\_\_\_ OTHER: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Staff Signature and Title**



City of New Albany, Indiana  
Russ Segraves  
Building Commissioner

**CERTIFICATE OF COMPLIANCE FOR INDIVIDUAL LOTS**  
(Individual Lots Less than 1 Acre)

Date: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Owner Cell Number: \_\_\_\_\_ other: \_\_\_\_\_

Owner Present Address: \_\_\_\_\_

I hereby certify that I have reviewed the Stormwater Pollution Prevention Plan prepared by the Developer's Engineer and approved by the City of New Albany. I acknowledge that as a condition of this certificate, I am responsible for assuring that lot grading be done in accordance with the approved Grading Plan, that site drainage be done in accordance with the approved Drainage Plan, and that adjacent properties will not be adversely impacted.

I hereby certify that I will abide with the requirements of the City of New Albany Construction Site Runoff Control Ordinance G-06-09 Section 9.0 **Requirements for Individual Lots**. I further understand and acknowledge that as a condition of the certificate, I am responsible for assuring that appropriate construction practices and sediment controls are utilized, I am responsible for assuring the practices of all contractors and sub-contractors employed for the purpose of this permitted construction shall conform to appropriate sediment control practices, I am responsible for assuring the appropriate selection, installation, and maintenance of said sediment control practices, I am responsible for assuring that site construction practices do not interfere with any required perimeter/outfall protection control practices as noted on plans approved by the City of New Albany, I am responsible for assuring adjacent properties, public roadways, and receiving waters will not be adversely impacted.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

# Site Placement Worksheet

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**INSTRUCTIONS:**

1. Using the graph, sketch a diagram best represents the property upon which the fence/deck/patio is being constructed.
2. Indicate the location of existing structures on the property.
3. Sketch the location of the proposed fence/deck/patio on the appropriate diagram.
4. Indicate distances from the property lines and Rights-of-Ways.

