

TOWN OF DEMOTTE BUILDNG PERMIT

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

JOB ADDRESS				
SUBDIVISION NAME		LOT NUMBER	ZONE CLASSIFICATION	
APPLICANT	ADDRESS	CITY/STATE	PHONE	CELL
OWNER	ADDRESS	CITY/STATE	PHONE	CELL
CONTRACTOR	ADDRESS	CITY/STATE	PHONE	CELL
LENDER	ADDRESS	CITY/STATE	PHONE	
USE OF BUILDING				
IS THE JOB SITE LOCATED IN A FLOOD HAZARD AREA ____ YES ____ NO				
IF YES, LIST THE LOWEST FLOOR ELEVATION OF THE STRUCTURE				
DESCRIBE WORK				
VALUATION OF WORK	PERMIT FEE	PERMIT NUMBER		

I understand that I will be personally liable for a fine not to exceed one thousand dollars (\$1,000.00) per day for each day someone occupies the premises/structure before an Occupancy Permit is issued.

	Insurance Certificates	Sewer Acct Current	Sewer Acct Balance
APPROVED BY		DATE	

INSPECTION RECORD

I hereby certify that I have read and examined this application 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 herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or legal law regulation construction or the performance of construction.

The undersigned agrees that any construction, reconstruction, enlargement, relocation or alteration of structures, or any change in use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and Ordinances of the Town of DeMotte, Indiana, adopted under the authority of Chapter 174 of the Acts of 1947, General Assembly of the State of Indiana, and all acts amendatory thereto. The Town has the right to take this application under advisement for five (5) days pending approval.

	DATE APPLIED / INITIALS	COMPLETED	INSPECTOR
SITE			
FOOTING			
BACKFILL			
ELECTRICAL SERV			
FRAME			
ELECTRICAL			
PLUMBING			
MECHANICAL			
WATER TEST	Satisfactory Water Test	Faxed to Health Dept	Faxed to Assessor Office
DRILLING RECORD			
SEWER /SEPTIC			
CURB CONDITION			
FINAL			
FINAL			

SIGNATURE OF APPLICANT _____

DATE _____

**Town of DeMotte
Building Permit**

Certificate of Liability Contractor Listing

Certificate holder must list

*Town of DeMotte
112 Carnation St. SE, DeMotte, IN 46310
Fax: 219-987-3836*

*Office Use
Only*

	Name	Cell Number	Expiration Date
General Contractor			
Framing Sub-Contractor			
Electrical Sub-Contractor			
HVAC Sub-Contractor			
Plumbing Sub-Contractor			
Plumbing State License Number			

**Plumbing Contractor Permit Affidavit
Town Of Demotte**

License No. PC _____ Date _____ Permit No. _____

Plumbing Contractor _____

Address

Phone Number

City

State

Zip Code

Project Address or Location

Owner

General Contractor

THE INFORMATION CONTAINED IN THE COMPLETED AFFIDAVIT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. I FULLY UNDERSTAND THAT ANY VARIATIONS OR FALSE STATEMENTS MADE IN THIS AFFIDAVIT SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT AND CREATE THE POTENTIAL FOR LEGAL ACTION.

(Signature of Licensed Plumber)

SEAL:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

MY COMMISSION EXPIRES: _____

(SIGNATURE/NOTARY PUBLIC) _____

***** PLEASE SUBMIT THIS FORM AND A COPY OF THE PLUMBERS STATE LICENSE *****