

TOWN OF DEMOTTE BUILDING 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 _____