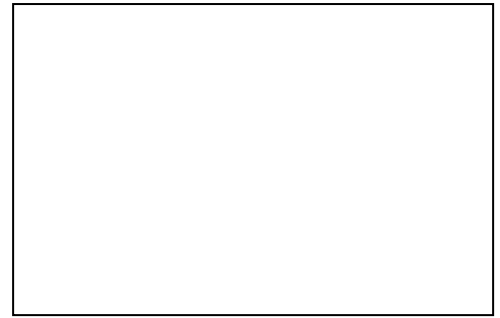




City of New Albany, Indiana
Building Department
Building Commissioner

142 East Main Street, Suite 206
New Albany, IN 47150
812-948-5371

www.cityofnewalbany.com



APPLICATION FOR RESIDENTIAL BUILDING PERMIT

1. Location Information

Address of Work Site: _____ Lot/Ste.: _____

Contractor's Name: _____ Phone #: _____

Project Contact Person: _____ Phone #: _____

Name of Property Owner: _____ Phone #: _____

Owner Address (if different than above): _____

Building Description

Check all that applies to the project:

_____ New _____ Addition _____ Deck
_____ Shed _____ 10X12 Shed _____ Other: _____

Check all that applies:

_____ Interior/Exterior Remodel
_____ Garage/Carport
_____ Attached/Detached
_____ Other: _____

2. Project Details

One Story: _____ Two Story: _____ Other: _____

of Bedrooms: _____ # of Bathrooms: _____

Attach Garage _____ Basement _____

Type of foundation: Crawl _____ Slab _____

Dimensions of project: _____ Estimated costs of project: \$ _____

Total sq. ft. of project (include BSM and anything under roof): _____

Please provide scope of work being performed: _____



City of New Albany, Indiana
Board of Zoning Appeals
Improvement Location Permit

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

APPLICATION FOR IMPROVEMENT LOCATION PERMIT

Attach a copy of the Property Survey, Site Plan, and Assessor's Plat to this application.

Location of Property: _____

Name of Applicant: _____ Phone #: _____

Address of Applicant: _____

Email Address of Applicant: _____

Name of Property Owner: _____ Phone #: _____

Address of Property Owner: _____

Email Address of Property Owner: _____

Application is hereby made to (Check ALL That Apply)

- ☐ Construct a new building
☐ Construct an addition to an existing building
☐ Alter an existing building (*Interior Only*)
☐ Alter an existing building (*Exterior Only*)
☐ Demolish an existing building
☐ Repair an existing building
☐ Change use of the property
☐ Other (Explain): _____

Present use of the property: _____

Proposed use of the 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 Name: _____



*****STAFF USE ONLY*****

REPORT OF STAFF:

THE 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 ON THIS PROPERTY:

DATE OF HEARING: _____

DOCKET NUMBER: _____

OUTCOME: _____

____ APPROVED

____ APPROVED SUBJECT OF THE FOLLOWING:

____ PLAN COMMISSION ACTION REQUIRED

____ BOARD OF ZONING APPEALS ACTION REQUIRED

____ DENIED

STAFF SIGNATURE: _____

TITLE: _____

DATE: _____