PERMIT APPLICATION FORM Steuben County Government

Detailed scaled site plans and building plans <u>must</u> accompany this application. Plan Commission approval requires a recent survey of the property.

Site plan to include the size and location of new construction and existing structures on the site, septic systems and well(s), distances from lot lines, location and distance from structures on adjacent properties, distance from county regulated drains or tiles and it shall be drawn in accordance with an accurate boundary line survey.

Building plans to include floor plans, exterior elevations, plumbing, heating, electrical layouts and sufficient details to show all construction.

All property lines must be staked and strung before any inspection.

Date:	Project <i>descri</i>	iption			
APPLICANT			Residential		
Project address:	•	ŕ			
Name:					
Address:				State:	Zip:
Phone:	_				-
OWNER (If different than ap					
Name:	,				
Address:				State:	Zip:
Phone:	Email:		Pager/Cellular: _		
The undersigned also agree covered by this permit. This incorrect or fraudulent inform	permit is <u>VOID</u> if it is disc	covered or detern			
Application packet must be	reviewed by Plan Comi	mission staff. Pl			review. rdinance Section 10
Applicant/Owner			Date		
	(Signature)				
	,	TERNAL USE ON	<u>ILY</u>		
Sito Address	<u>IN</u>				
Site Address	<u>IN</u>		<u>ILY</u>		
	<u>IN</u>			Section #	
	<u>IN</u>	Map #			
	<u>IN</u>	Map #			
New#Lot #Subd	ivisionAPF	Map # Township_ PROVALS		_Section #	
New#Lot #Subd	ivisionAPF	Map #Township_ PROVALS NO:		_Section #	
New#Lot #Subd 1. COUNTY OR STATE 2. WASTE DISTRICT LE	ivisionAPF HIGHWAY PERMIT ETTER:	Map #Township_ PROVALS NO:		Section #	NO:
New#Lot #Subd 1. COUNTY OR STATE 2. WASTE DISTRICT LE 3. HEALTH DEPARTME	ivisionAPF HIGHWAY PERMIT ETTER:	Map # Township_ PROVALS NO:		Section # RE PERMIT FEES:	NO:
	ivisionAPF HIGHWAY PERMIT ETTER: ENTIDEM	Map #Township_ PROVALS NO:		Section # RE PERMIT FEES: Well: \$ Septic \$	NO:

Date_

Approved

INTERNAL USE ONLY

Rule 5 Required:	Erosion Control Requ	uired:	
		right-of-way in its boundaries. To prain affected	The proposed improvements (do) (do not)
		Date	Approved
5. PLANNING/ZO	NING: LOCATION PE	RMIT No:	_
Zoning:	Assn. Approval:	Split/Survey:	FEES:
Air Space:	Wetlands: FIRM Zo	one: FPG Required:	\$
MH Inspection:	MH Tax Release:Storn	n Water/Surface Drainage Plar	ı· \$
Width: D	epth: Area:		<u> </u>
Building Coverage:	Impervious Cover	rage Basement %	6 TOTAL \$
Bedroom #	Parking Space #		
Front to R/W:	_ Left: Right:	Rear/Lake: Height:	
Building to Buliding (M	IEASURED FROM EAVES):		
Front: Left:	: Right:	Rear:	
		BZA Restrictions_	
Property located	within the Special Floo	, ,	·
		, ,	Approved
Property located 6. BUILDING DEP RECEIPT NO:	PARTMENT:	Date	·
6. BUILDING DEP	PARTMENT:	Date	Approved IT NO:
6. BUILDING DEF RECEIPT NO: Improvement Value: \$	PARTMENT: APPLICATION N	Date NO: PERM	Approved IT NO: FEES: Finished: \$
6. BUILDING DEF RECEIPT NO: Improvement Value: \$ Contractor:	PARTMENT: APPLICATION N	Date NO: PERM	Approved IT NO: FEES: Finished: \$ Unfinished: \$
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor:	PARTMENT: APPLICATION No. 10 City:	Date NO: PERM	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address:	PARTMENT: APPLICATION No. 10 City:	Date NO: PERMState: Zip	Approved IT NO: FEES: Finished: \$ Unfinished: \$ Garage: \$ Deck/Porch: \$ Electrical: \$
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas:	PARTMENT: APPLICATION No. 10 City:	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES: Finished: \$ Unfinished: \$ Garage: \$ Deck/Porch: \$ Electrical: \$ Storage Bldg: \$
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement	PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor	PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor	PARTMENT: APPLICATION No. 100	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s)	PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home	PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial	PARTMENT: APPLICATION No. 10 Section 1 Sectio	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial Insulation Plan	PARTMENT: APPLICATION No. 15 City: Fax: Attached Garage s) Model	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial Insulation Plan Advance Structural	PARTMENT: APPLICATION No. 15 City: Fax: Attached Garage s) Model	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: mprovement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial Insulation Plan Advance Structural of the construction of the c	PARTMENT: APPLICATION No. 100 Section 1 (1)	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial Insulation Plan Advance Structural of the construction of the constructio	PARTMENT: APPLICATION No. 10	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES:
6. BUILDING DEP RECEIPT NO: Improvement Value: \$ Contractor: Address: Phone: Building Areas: Basement First Floor Second Floor Deck(s) Accessory Building(Mobile Home Commercial Insulation Plan Advance Structural of the construction of the construct	PARTMENT: APPLICATION No. City: Fax: Attached Garage s) Model Components:	Date NO: PERM State: Zip: Pager/Cellular:	Approved IT NO: FEES: Finished: \$ Unfinished: \$ Garage: \$ Deck/Porch: \$ Electrical: \$ Storage Bldg: \$ C.O. \$

Date_____Approved____