

Date _____

City of Greensburg, Indiana Building Permit Application

PERMIT # _____

Greensburg Building Department
314 W Washington St
Greensburg, IN 47240

Phone: (812)-662-8495
Fax: (812)-662-6925

Instructions: **1. Print all information in INK. 2. Complete ALL information unless indicated otherwise. If numbered item does not apply, please mark N/A. 3. Place an X in the box corresponding to your response. 4. Questions? Call the Building Department.**

1. Owner

Name: _____

Address: _____

Phone: _____

2. Location of Construction Activity

Address: _____

Lot Number: _____

Subdivision: _____

3. Nature of Structure

Principal Structure Accessory Structure

4. Type of Structure

Other

New Addition Remodel/Alteration/Repair

Modular Pool Deck Porch

5. Area (measured in square feet)

	New Structure	Addition Remodel
1 st Floor	_____	_____
2 nd Floor	_____	_____
3 rd Floor	_____	_____
Basement	_____	_____
Garage	_____	_____
Total Sq. Ft.	_____	_____
New Garage <input type="checkbox"/>	Deck <input type="checkbox"/>	Porch <input type="checkbox"/>
Storage Building: _____	Patio _____	

6. Intended use of the structure (only one)

Residential: _____ 1 Family: _____ 2 family _____

Commercial: _____ Multifamily _____ #of units _____

Office: _____ Warehouse: _____

Retail: _____ Hotel/Motel _____

Professional _____ Restaurant _____

Manufacturing _____ Other _____

SPECIAL USE:

Church _____ School _____

Other: _____

7. Contractor Responsible For Permit

A. Name _____

Contact person: _____

Address: _____

Phone # _____

B Sub Contractor (s)

Electrical _____

HVAC: _____

Plumbing: _____

License # _____

8. Value of this construction project(DO NOT INCLUDE LOT)

\$ _____

Please fill in ALL Numbered Items. If it does not apply, please mark N/A.

I hereby certify that I have the authority to make the foregoing application, that all accompanying documents are accurate and correct and that all construction will comply with all of the ordinances currently adopted by the City of Greensburg, IN I further certify that all drainage will be controlled per construction plans, subdivision plan, or prudent erosion control plan methods. I further certify that the structure or portion of the structure under construction will not be used or occupied in any manner until all inspections have been made and a Certificate of Occupancy has been issued by the Building Department.

Contractor Signature: _____ Owner/Agent Signature: _____

CITY USE ONLY:

Application Release Date _____ State Release # _____ Permit# _____ Fee Amount _____

Initial _____ Subdivision _____ Township _____ Tax ID# _____ Zoning _____

Flood Hazard Area: Y ___ N ___ Off St. Parking required _____

Approval needed of Planning Commission/BZA/variance approval need? Y ___ N ___