



City of New Albany, Indiana
David Brewer
Building Commissioner

APPLICATION FOR COMMERCIAL BUILDING PERMIT

1. Location Information:

Name of Business: _____

Address of work site: _____ Lot / Ste. _____

Contractor's name on the work site: _____ License #: _____

Contractor ph. # on the work site: _____ Const. Design Release #: _____

Name of Property Owner: _____ Phone: _____

2. Building Description (Check one):

New Commercial _____ Apts. _____ Addition _____ Fence _____ Deck _____ Storage/Shed _____

Interior / Exterior Remodel _____ Garage / Carport _____ attached / detached (circle one)

Other _____

3. Project Details:

One Story _____ Two Story _____ Other _____ # of Bedrooms _____ # of Bathrooms _____

BSMNT _____ Dimensions of Structure(s): _____

Total Sq. Ft. of new or renovated area (including BSMNT): _____

Estimated Cost of Project: \$ _____

Please provide a brief description of the scope of work being performed: _____

OFFICE USE ONLY:

Approved: Building: _____ Planning: _____ Sewer: _____



City of New Albany, Indiana
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New Albany Board of Zoning Appeals
311 Hauss Square, Rm. 329
New Albany, IN 47150
PH: 812-948-5327 FAX: 812-981-3776

APPLICATION FOR IMPROVEMENT LOCATION PERMIT

Attach a copy of the Property Survey, Site Plan, and Assessors Plat to this application

Name of Applicant: _____ Phone: _____

Applicant Facsimile: _____ E-Mail: _____

Address of Applicant: _____

Name of Property Owner: _____ Phone: _____

Owners Facsimile: _____ E-Mail: _____

Address of Property Owner: _____

Location of Property (common address): _____

Applicant is hereby made to (Check All That Apply)

- _____ Construct a New Structure
- _____ Construct an addition to an Existing Structure (Interior Only)
- _____ Alter an Existing Structure (Exterior Only)
- _____ Demolition of an Existing Structure
- _____ Repair an Existing Structure
- _____ Change use of Property
- _____ Other (please explain) _____

Present use of Property: _____

Proposed use of 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: _____



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DO NOT WRITE BELOW THIS LINE

Report of Staff:

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 of This Property

Date of Hearing: _____

Docket Number: _____

Outcome: _____

_____ APPROVED AS SUBMITTED

_____ APPROVED SUBJECT TO THE FOLLOWING

_____ PLAN COMMISSION ACTION REQUIRED

_____ BOARD OF ZONING APPEALS ACTION REQUIRED

_____ OTHER: _____

Date: _____

Staff Signature and Title



City of New Albany, Indiana

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CERTIFICATE OF COMPLIANCE FOR INDIVIDUAL LOTS (Individual Lots Less than 1 Acre)

Date: _____

Subdivision Name: _____

Site Address: _____ Lot #: _____

Contractor Name: _____

Contractor Cell Number: _____ E-Mail: _____

Address of Contractor: _____

Owner Name(s): _____

Owner Cell Number: _____ other: _____

Owner Present Address: _____

I hereby certify that I have reviewed the Stormwater Pollution Prevention Plan prepared by the Developer's Engineer and approved by the City of New Albany. I acknowledge that as a condition of this certificate, I am responsible for assuring that lot grading be done in accordance with the approved Grading Plan, that site drainage be done in accordance with the approved Drainage Plan, and that adjacent properties will not be adversely impacted.

I hereby certify that I will abide with the requirements of the City of New Albany Construction Site Runoff Control Ordinance G-06-09 Section 9.0 **Requirements for Individual Lots**. I further understand and acknowledge that as a condition of the certificate, I am responsible for assuring that appropriate construction practices and sediment controls are utilized, I am responsible for assuring the practices of all contractors and sub-contractors employed for the purpose of this permitted construction shall conform to appropriate sediment control practices, I am responsible for assuring the appropriate selection, installation, and maintenance of said sediment control practices, I am responsible for assuring that site construction practices do not interfere with any required perimeter/outfall protection control practices as noted on plans approved by the City of New Albany, I am responsible for assuring adjacent properties, public roadways, and receiving waters will not be adversely impacted.

Signature of Agent: _____ Date: _____