



City of New Albany, Indiana  
Russ Segraves  
Building Commissioner

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**OFFICE USE ONLY**

Approved:      Building: \_\_\_\_\_ Planning: \_\_\_\_\_

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**1. Location Information:**

Date: \_\_\_\_\_

Address of work site: \_\_\_\_\_ Lot / Ste. \_\_\_\_\_

Bldg. Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

**2. Building Description (Check one):**

New Building \_\_\_\_\_ Addition \_\_\_\_\_ Interior Remodel \_\_\_\_\_ Interior Suite finish: \_\_\_\_\_

Deck / Carport \_\_\_\_\_ attached / detached (circle one)

Other \_\_\_\_\_

**3. Project Details:**

One Story \_\_\_\_\_ Two Story \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Foundation: crawl \_\_\_\_\_ slab \_\_\_\_\_

Dimensions of project: \_\_\_\_\_ Estimated cost of project \$ \_\_\_\_\_

Total Sq. Ft. of project (include anything under roof): \_\_\_\_\_

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

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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