



City of New Albany, Indiana  
Russ Segraves  
Building Commissioner

## APPLICATION FOR RESIDENTIAL BUILDING PERMIT

### **OFFICE USE ONLY**

**APPROVED BY: 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: (if different from above) \_\_\_\_\_

### **2. Building Description:** (Check all that applies to project)

New: \_\_\_\_\_ Addition: \_\_\_\_\_ Deck: \_\_\_\_\_ Enclosure: \_\_\_\_\_ Shed: \_\_\_\_\_ 10 x 12 shed: \_\_\_\_\_

(Underline Info.): Interior / Exterior Remodel      Garage / Carport      Attached / Detached

Other \_\_\_\_\_

### **3. Project Details:**

One Story \_\_\_\_\_ Two Story \_\_\_\_\_ Other \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

Attch. Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Type of Foundation: Crawl \_\_\_\_\_ Slab \_\_\_\_\_

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

Total Sq. Ft. of project (incl. BSM & anything else under roof): \_\_\_\_\_

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

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# 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: \_\_\_\_\_

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\_\_\_\_\_ APPROVED AS SUBMITTED

\_\_\_\_\_ APPROVED SUBJECT TO THE FOLLOWING

\_\_\_\_\_ PLAN COMMISSION ACTION REQUIRED

\_\_\_\_\_ BOARD OF ZONING APPEALS ACTION REQUIRED

\_\_\_\_\_ OTHER: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_