



OWEN COUNTY BUILDING DEPARTMENT

60 S Main Street
Spencer, Indiana 47460
(812) 829-5033

Permit No:

Class 1 Structures Permit Application

This permit shall be good for one year from the date of issue. If the project is not complete by the date of expiration, then the applicant may re-apply by paying the renewal fee.

I. APPLICANT INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
II. ARCHITECT OR ENGINEER INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
License No.:		Expiration Date:
III. CONTRACTOR INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
Builder License No.:		Expiration Date:
IV. PROJECT INFORMATION:		
Project Type:		
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair		
<input type="checkbox"/> Other: _____		
Total Estimated Project Cost:	Project to be used for:	
Location of Project:		
Square Footage of Project:	No. of off-Street Parking Spaces:	

Permit No:

If the plans and specifications are not being provided by an Engineer or Contractor, please provide below a site plan of the proposed project. The drawing shall provide a sketch drawing of the proposed project including the lot lines and the set back from each lot line.

A large grid area for drawing a site plan. The grid consists of 20 columns and 30 rows of small squares, providing a space for sketching lot lines and setbacks.

Permit No:

I the undersigned hereby certify that any statements and or drawings submitted by myself or agents on my behalf are true and accurate. I furthermore agree to perform or have performed any and all work covered by this permit (when issued) in conformity with the laws, regulations, and all applicable ordinances. I will also ensure that the above project will be contained, conform, and comply to the deed and plot restrictions of the above-named lot. I also hold harmless Owen County and or its employees of any liabilities that may arise as a result of the above project. I by signing below assume all liabilities associated with the above project.

Signature:	Date:
Printed Name:	Title (if applicable):

Office Use Only

Zoning:	
<input type="checkbox"/> Residential (select one)	<input type="checkbox"/> Business
<input type="checkbox"/> Estate	<input type="checkbox"/> Light
<input type="checkbox"/> Single Family	<input type="checkbox"/> Heavy
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mineral Extraction
Flood Plan:	
<input type="checkbox"/> Not in Flood Plain	<input type="checkbox"/> Floodway
<input type="checkbox"/> Floodway Fringe	
Permit Fee	= \$ _____
Number of Inspections _____ @ _____	= \$ _____
Total	= \$ _____
Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	

Permit Fees:

COMMERCIAL

Commercial Structure	\$750.00 + \$0.20 per square foot For over 2500 square feet
Additions or Alterations to Commercial Structure	\$450.00 + \$0.20 per square foot for over 1250 square feet
Wireless Communication Facilities	\$750.00