



CITY OF ANDERSON

Structural Building Permit Application for One and Two Family

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

Thomas J. Broderick, Jr. Mayor Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

♦ *Incomplete Applications Will Not Be Processed* ♦ *Permit Valid for One Year*

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

Parcel #: _____ Flood Way Map Panel #: _____

Is property in or adjacent to an established Federal Flood Way
Boundary and Map Area or Special Flood Hazard Area?

Yes No (Verify through Zoning Division)

If yes, a complete Federal Elevation Certificate shall be submitted.

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____

Email: _____

3. NATURE OF STRUCTURAL WORK

Start Date: _____ Completion: _____

- | | |
|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Exterior Remodeling |
| <input type="checkbox"/> Modular Home Placement | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Manufactured Home Placement | <input type="checkbox"/> Interior Remodeling |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Other: _____ |

A. Floor Square Footage: Total Area _____
1st Floor _____ 2nd Floor _____
Basement _____ Garage _____
Porch _____ Deck _____

B. Foundation Type: Basement Crawl Space Slab

C. Type of Bearing Wall Construction

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Pole | <input type="checkbox"/> Wood Frame |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Steel | |

D. Total Cost of Job _____

E. Intended use of New Structure (Check Only One)

- Single Family Two Family

4. CONTRACTOR INFORMATION

A. Contractor: _____

Contact Person: _____

Address: _____

Telephone: (____) ____ - ____ **Fax:** (____) ____ - ____

Immediate Contact Telephone: _____

Email: _____

Registered Contractor: Yes No # _____

B. Electrical Contractor: _____

Address: _____

_____ **Telephone:** (____) ____ - ____

C. Plumbing Contractor: _____

Address: _____

_____ **Telephone:** (____) ____ - ____

D. HVAC Contractor: _____

Address: _____

_____ **Telephone:** (____) ____ - ____

I hereby certify that I have the authority to make the foregoing application, that the application and accompanying site plan are correct, and that all construction will comply with all ordinances, currently adopted by the City of Anderson, IN. I further certify that all drainage will be properly controlled. I further certify that the construction will not be used and/or occupied in any manner until all inspections have been made and the Department of Municipal Development issues a Certificate of Occupancy.

_____ **Date:** _____

FOR OFFICE USE ONLY

Application Approved Application Denied

Date Approved: _____ **Initials:** _____

Special Conditions _____