

**APPLICATION
FOR SITE IMPROVEMENT PERMIT
& IMPROVEMENT LOCATION PERMIT**

Commissioner: *Bernie Ferringer* Inspector: *Bill Shively*

*Town of North Manchester
Dept. of Building, Planning & Development
103 E. Main Street, N. Manchester, IN 46962
Phone: 260-901-3323 Fax: 260-982-7428
E-Mail: buildingcommish@gmail.com*

Bldg. Permit No. _____

Location Permit No. _____

Date Filed _____

Construction Design
Release No. _____

The undersigned agrees that any construction, reconstruction, enlargement, relocation, or alteration of structures, or any change in use of land or structures requested by the application will comply with and conform to all applicable laws of the State of Indiana and ordinances of the Town of North Manchester, adopted under the authority of Chapter 174, Acts of 1947, and all Acts amendatory or supplemental thereto, General Assembly of the State of Indiana.

Please type or print both sides of this form. Enter N/A where information is not applicable. Attach additional sheets as necessary.

GENERAL INFORMATION.....

1. Applicant Name _____ Phone _____

Address _____ Fax _____

2. Owner Name _____ Phone _____

Address _____ Fax _____

3. Location of Work Address _____

Subdivision _____ Lot No. _____

Township _____ Zoning District _____

4. Type of Improvement Residential Commercial Industrial or Other _____

5. Building Area Basement _____ sq. ft. Living Ground _____ sq. ft.

Living Up _____ sq. ft. Non-Living _____ sq. ft.

6. Describe work to be completed _____

7. Estimated Start Date _____ Estimated Completion Date _____

8. Contractors General _____ Phone _____

Electrical _____ Phone _____

Plumbing _____ Phone _____

Concrete _____ Phone _____

HVAC _____ Phone _____

Other _____ Phone _____

9. Total Estimated Cost of Construction \$ _____

10. Please Attach the Following:

- A. A site plan drawn on a separate sheet of paper. Show property lines, streets, alleys, easements, utilities, existing and proposed improvements, and distances from property lines or street centerlines to structures.
- B. Property survey if available.
- C. Fire damaged structure: a fire department release.
- D. Class 1 structures: a State Construction Design Release and certified/stamped plans.
- E. Manufactured structures: a certificate showing the occupancy classification, or H.U.D. design certification.
- F. Structure in a floodplain: a floodplain elevation certificate.

TOWN OF NORTH MANCHESTER UTILITY CONNECTIONS.....

SANITARY SEWER SERVICE.....

Contact the Public Works Department at 260-982-9800

Type of Service: New or Existing Water Use per Day _____ gallons Water Meter Size _____ inch

WATER SERVICE.....

Contact the Public Works Department at 260-982-9800

Type of Service: New or Existing Water Tap Pipe Size _____ inch Water Meter Size _____ inch
Sprinkler? Yes No

STORMWATER SERVICE.....

Contact the Public Works Department at 260-982-9800

Residential: Elevation from foundation to ground level _____ ft. All Other: A stormwater plan evaluation will be required.

LOCATING UNDERGROUND UTILITIES.....

Please provide the following with at least a two (2) day notice of intent to excavate, trench, dig, or move dirt.

Indiana Underground Plant Protection Service ("Holey Moley") 800-382-5544
Town of North Manchester Public Works Department 260-982-9800

IS THIS PROPERTY IN THE FLOOD PLAIN? Yes No Township _____

The undersigned Applicant certifies that:

- A. The applicant is either: (1) the owner of the above-described property; or (2) the owner's representative who has been authorized by the owner to file this application with the owner's knowledge and approval;
B. The location of property lines is known and will be shown to the Building Inspector as required by the inspector;
C. This permit does not authorize construction in any public utility and/or drainage easement of record; and
D. The information provided in this application is to the best of my knowledge true and accurate.

NOTE: Every applicant for a building permit upon issuance of such building permit by the Building Commissioner, be deemed to have authorized the Building Commissioner and his authorized representatives to enter upon the premises covered by the building permit to perform any inspection which the Building Commissioner shall deem necessary for the enforcement of the North Manchester Building Code.

Signature of Applicant _____ Date _____

Spaces below to be filled in by Building Commissioner.

OFFICE USE Received By _____ Date _____ Issued _____
Reviewed By _____ Date _____ Denied _____

STRUCTURE New: Primary Accessory Temporary Manufactured Existing: Addition Remodel
In-Ground Pool Sign Fence Deck Porch Underground Tank Foundation Demolition
Move Plumbing Fire Suppression HVAC

MISC. Flood Elevation Cert. Yes No
Other _____

FEES \$ Permit Fee _____ Inspection Fee _____