

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 _____

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 _____
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 \$ _____

Total \$ _____