Fayette County Area Plan Commission 111 West 4th Street Connersville, IN 47331 765-825-9808 (F) 765-827-4352

This application must be **COMPLETE** for the Area Plan Commission Office to issue this permit.

Section 1: General Provisions (APPLICANT* to read and sign)

*For the purposes of this permit the applicant is the owner of the property.

- 1. No work of any kind may start until a permit is issued.
- 2. No work of any kind may start until 811 DIG has been on site to mark any underground utilities.
- 3. The permit may be revoked if any false statements are made herein.
- 4. If revoked, all work must cease until permit is reissued.
- 5. Development shall not be used or occupied until a Certificate of Occupancy is issued.
- 6. The permit will expire if no work is commenced within six months of issuance.
- 7. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
- 8. Applicant hereby gives consent to the Fayette County Area Plan Commission Staff to make reasonable inspections required to verify compliance.
- 9. The property owner is ultimately responsible for ensuring that all required inspections are scheduled and made.
- 10. All inspections must be made at least 24 hours in advance.

PROPERTY OWNER'S NAME

- 11. No Certificate of Occupancy will be issued unless all construction work passes all required inspections.
- 12. THE APPLICANT, CERTIFY THAT ALL STATEMENTS HERIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE AND THAT THE APPLICANT UNDERSTANDS ALL CONDITIONS UNDER WHICH THIS PERMIT IS ISSUED.

DATE:

THOUBIT OWNER OF THE CONTROL OF THE				
PROPERTY OWNER'S SIGNATURE	DATE:			
APPLICANTS NAME (owner's agent)	DATE:			
APPLICANTS SIGNATURE (owner's agent)	DATE:			
Section 2: Required Inspections				
 Footing (before pouring, any reinforcement must be installed, mark outer corner Foundation poured foundation: before pouring walls block foundation: after installation, sump pit installed, vapor barrier and gra Tie-downs Electric service (service panel and meter base) Final inspection 	,			
Section 3: PROPERTY OWNER AND PROPERTY INFORMATION				
Property owner:				
Property owner's legal address:				
Property owner's home phone number:, Cell Phone				
Project address:				
Parcel number:				
Legal description:				

Parcel size: ______, Legal road frontage: _____, Lot width where dwelling will be built _____, Lot depth ____

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Manufactured Home/Modular Homes/Mobile Home Upgrades

Township Name:	_ Section Number:	Township:	Range:	, Zoning District:	
Section 4: CONTRACTOR INFO	ORMATION				
Seller of Home:					
Address:					
Contact Information					
Phone Number:	Mobile Phone Nu	mber:	Fax:		
Email:					
Home Installer:					
Address:					
Indiana Installer License Number:					
Contact Information			_		
Phone Number:		mber:	Fax:		
Email:					
Electrical Contractor Name:					
Address:					
Contact Information	3.6.1.11 D1 3.7	,			
Phone Number:		mber:	Fax:		
Email:					
Concrete Contractor Name: Address:					
Contact Information					
Phone Number:	Mobile Phone Nu	mber:	Fax:		
Email:					
Excavation Contractor Name:					
Address:					
Contact Information					
Phone Number:	Mobile Phone Nu	mber:	Fax:		
Email:					
Section 5: Proposed Developmen	t (To be completed by	ADDI ICANT)			
Section 5. 110posed Developmen	t (10 be completed by	ATTLICANT)			
Proposed Use: new manufactured	home / used manufactu	ired home / modula	ar home / mobile hom	ne upgrade	
Total Square footage of living space (minimum 1,080 f):					
Year dwelling was manufactured:					
Cost of dwelling unit:					
Section 6: Documentation (To be	completed by APPLIC	CANT) Applicant	is responsible for p	providing the following information	
<u>Section 6: Documentation (To be completed by APPLICANT)</u> Applicant is responsible for providing the following information for the Area Plan Commission Office to issue this permit					
1. Site plan: must show the location of existing buildings and proposed construction, septic field (if septic used), well location (if well is used), drives, easements, distance from new construction to existing buildings and property lines. The site plan must be drawn to an accurate scale.					
Documentation provided YES NO					
2. Foundation plan that demonstrate compliance with the Indiana Building Codes. Construction plans and details must be drawn to an					

Residential Structure Permit Application Improvement Location Permit and Building Permit

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Manufactured Home/Modular Homes/Mobile Home Upgrades

accurate scale.					
Documentation provided YES NO					
3. Fayette County Septic Permit if septic is to be used					
Documentation provided YES NO	Document not required YES NO				
4. Fayette County Well Permit if a well is to be used.					
Documentation provided YES NO	Document not required YES NO				
5. Notice of Agricultural Use (required for any new residential use located in the unincorporated parts of Fayette County.)					
Documentation provided YES NO	Document not required YES NO				
6. Notice of water availability (required for any use requiring ground water as a source of potable water.)					
Documentation provided YES NO	Document not required YES NO				
7. Drive permit for a new drive or curb cut from the Department of Transportation.	Connersville Highway Department, City Street Depart	tment, or Indiana			
Documentation provided YES NO	Document not required YES NO				
8. Approval from the Connersville Drainage Board for properties within their jurisdiction					
Documentation provided YES NO	Document not required YES NO				
9. Copy of deed restrictions and restrictive covenants. *** The Fayette County Area Plan Commission office will not issue permits for any project that is in violation of deed restrictions or restrictive covenants.***					
Documentation provided YES NO	Document not required YES NO				
10. Is the parcel located in a 100 year floodplain? (If yes, a flood plain development permit is required.)					
YES NO					
Property Owner					
Name Si	ignature Date				
Property Owner's Agent					
Name Si	ignature Date				
Area Plan Commission Staff					
Name Si	ignature Date				