

Perry County Planning & Zoning 2219 Payne St Tell City, IN 47586 Phone: 812-547-7121

Email: planningandzoning@perrycounty.in.gov

Checklist for Building Permit Application

The following materials shall be submitted and reviewed by the Perry County Planning Department *PRIOR* to the approval of a residential building permit. If any of the materials are absent, the building permit may not be issued until all required materials are submitted. Please allow *2 business days* for review of your permit application.

Complete Application Form
Health Department Approval or Sewer Tap-in Receipt
 For New Dwellings: Septic Permit or Sewer Tap-in Receipt For Accessory Structures/Rehabs/Additions: FCHD Site Approval Permit (if septic is on site)
 Site Plan Detailing: All Property lines & streets Location and size of all existing and proposed structures Setback distances from proposed structure to property lines and County right-of-way The location of all road easements located on the property
Building Plans Detailing: • Foundation Plan • Floor Plans for each level of building

<u>Note:</u> If proposed structure lies within an existing subdivision, it is the property owner's responsibility to confirm with the controlling entity to ensure conditions are met.



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Building Permit Application

	Family Dwelling, Addition, Renovation/Rehab, Accessory Stru Information	acture, or Electrical Hookup			
Applicant:		Date:	Date:		
Phone:					
-		Email:			
Address: _	Street Address	City		ZIP Code	
Project Info	formation		_	_	
Project Location					
Property Owner:	Tax ID or Parcel Number	Subdivision Name	and Section (if a	applicable)	
	Name	Phor	пе		
Project Address: (If different than	n the applicant's address) Street Address	City	State	ZIP Code	
New 9	Single-Family Dwelling				
	on to Existing SF Dwelling				
	ration/Rehab to Existing SF Dwelling ssory Structure (Post Building/Detached Garage/In-Grour	nd Pool)			
	/ork:	·			
Name of	Person or Contractor completing the project:				
Address:	Address:City/State/Zip:				
Phone: _	Phone:Email:				



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Square Footage of Project: (In additions/rehabilitations, this pertains ONLY to the scope of work included in this project)					
Square Footage Totals:	Finished SQFT	Unfinished SQFT	Total		
Basement (if applicable)					
1 St Floor					
2 ND Floor					
Detached Garage Total Square Footage					
No. of Bedrooms No. Full Bath	No. Half Bath	Total No. Bathrooms	Estimated Cost of Project		
Disclaimer and Signature					
in reliance upon such representation. I agr	ree to comply with all Perry , and site development, and gr	County Ordinances, permit condit rant Perry County Officials the right t	ny permit or Certificate of Occupancy issued ions, and State statues which regulate the o enter onto the property for the purpose of		
I certify that my answers are true and comple	ete to the best of my knowledge.				
Signature:	_		Pate:		