PERMIT NO	
CONTRACTOR N	IO.

## APPLICATION PLAN EXAMINATION/BUILDING PERMIT



## TOWN OF LONG BEACH, INDIANA

2400 ORIOLE TRAIL LONG BEACH, INDIANA 46360-1614 (219) 229-9091 FAX (219) 879-6099

\*permit is required for any construction projects or building improvements/repairs/alterations that cost over \$500.00 Important – Applicant to complete all items in Sections I, II, III, IV and V

\*\*INCLUDE THREE(3) COPIES OF ALL DRAWINGS

**INCLUDE THREE(3) CC	PIES OF ALL DRAWI	NGS
I. LOCATION OF BUILDING		Zoning
Address(No.) (5		District
	Street)	
Between(Cross Street)	and	(Cross Street)
SubdivisionLot	Block	Lot Size
II. TYPE AND COST OF BUILDING – All applicants complet  A. TYPE OF IMPROVEMENT  1  Now building *	B. OWNERSHIP	
1 New building *	,	idual, corporation, nonprofit institution, etc)
2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13) *		al, State, or local government)
3 Alteration (See 2 above) *	C. COST 10. Cost of Improven	nent\$
<ul><li>4 Repair, replacement</li><li>Demolition (If multifamily residential, enter number of</li></ul>	To be installed bu	ut not included in above cost
units in building in Part D, 13) 6 ☐ Moving (Relocation) *	a. Electrical	······
7  Foundation only	b. Plumbing	
8 Electrical (COMPLETE SECTION IV)	c. Heating, Air C	onditioning
*Request PLAN REVIEW CHECKLIST	d. Other (Elevato	or, etc.)
	11. TOTAL COST OF	FIMPROVEMENT\$
D. PROPOSED USE – For "Demolition"  Residential  12.  One family  13.  Two or more family – Enter number of units  14.  Sarage  15.  Sarage  16.  Carport  17.  Other – Specify	21. ☐ Stores, m 22. ☐ Tanks, to	ity orary, other educational ercantile
24. Proposed Start Date:	25. Project Duration(d	ays/weeks/months):
JOB DESCRIPTION (If use of existing building is being changed, enter	er proposed use and desc	ribe in detail):

PERMIT NO	
CONTRACTOR NO	

E. PRINCIPAL TYPE OF FRAME  26  Masonry (Wall bearing)  27  Wood frame  28  Structural steel  29  Reinforced concrete  30  Other – Specify  F. PRINCIPAL TYPE OF HEATING FUEL  31  Gas		G. T. 33 Cour H. T. 34 35 St. TY W				K. DIMENSIONS 44 Number of Stories 45 Total square feet of floor area, all floors, based on exterior dimensions. 46 Total land area, square feet				
32  Oil 33  Electricity 34  Coal 35  Other – Specify		40 W 42 ——————————————————————————————————	inditioning? Yes I Yes Ill there be a Yes Iter from Ass	n ele 43	□ No	47 Enclosed				
A Application Foo (	FEE #		TOTAL		4.4. Unite un te 0		FEE	#	TOTAL	
Application Fee (non-refundable)     Service: (0 – 200 Amp.)	\$50.00 \$25.00	1	\$50.00		14. Units up to 2		\$6.00 \$10.00			
(201 - 600 Amp.)	\$35.00					.A. or H.P. & Over	\$12.00			
(601 - 800 Amp.)	\$40.00					(Up to 10 Devices)	\$50.00			
(801 - 1200 Amp.)	\$45.00					(Over 10 Devices)	\$5.00			
3. Temporary	\$25.00						\$5.00			
4. Circuits (Each)	\$5.00				19. Smoke Detectors (Each) 20. Conduit Only; or Grounding Only		\$45.00			
5. Lighting Fixtures - per 25	\$6.00						\$50.00			
6. Dishwasher/Disposal/Range Hood	\$5.00						\$50.00			
7. Furnace - Unit Heater	\$5.00						\$50.00			
Electrical Heating Units (baseboard)	\$4.00				24. Certification		\$20.00			
Power Outlets (ranges,dryers,etc)	\$7.00					ces Telecom Data	\$5.00			
10. Generator/Emergency Panel	\$20.00				26. Over 10 Dev		\$5.00			
11. Feeders-Bus, Ducts, Etc. (per50')	\$6.00				27.	ices (Edeil)	φο.σσ			
12. Swimming Pool	\$30.00				28.					
13. Recreational Vehicle Park Site	\$4.00				29.					
13. Recleational vehicle Fair Site	\$4.00				20.	TOTAL F	EES	\$		
Applicant(Electrician):  Section 23a of the state construction circumvent the licensing requirement residential structure. Violators of sets Signature:  Homeowner Affidavit: I hereby certify the electrical work of living or about to occupy. All work senclosed, covered up or put into op with the Electrical inspector and assistance:	nts of thi ction 23a escribed thall be in eration u	s state in a are su	relating to p bject to civi permit app in accorda as been <u>ins</u> j	licat	ons who are to po es. tion shall be insta with the (NEC) N ted and approved	erform work on a res alled <u>by myself in m</u> ational Electrical Co I by the Electrical Ins	y own h	<u>ome</u> in shall no	ng or a which I am	

PERMIT NO CONTRACTO								
V. IDENTIFICAT	ION – To b	e completed by a	ll applicants				Ţ	
1 Owner or Lessee	Name	)	Mailing A	Mailing Address – Number, Street, City , State & Zip				Telephone
2. Contractor							REG #:	
3. Architect or Engineer								
required constructions being in corand ordinances.	ction plans formance v I agree to nmission o	s authorized agent is complete and a with the information hold harmless and r omission by or o	ccurate. I will be n on the required indemnify the T	e respond d plot place own of l	nsible for all worl ans, construction Long Beach for a	k allowe plans, iny clair	ed by permits go this form and a magainst the T	ranted under thall applicable law own as the resu
	gnature of Applicant Address					Date		
					W THIS LIN			
PLAN REVIEW REQUIRED Building	CHECK	PLAN REVIEW FEE	DATE PLANS STARTED	BY	DATE PLANS APPROVED	BY	N	IOTES
Plumbing		\$						
Mechanical		\$						
Electrical		\$						
Other	ANEVAMI	NED'S NOTES						
FLOOD ZONE  COUNTY SEPTIC		NO <u>⊬</u> .						
DIG TICKET#:								
NOTES:								

PERMIT NO.\_ CONTRACTOR NO.\_\_ VII. VALIDATION – For office use only **FOR DEPARTMENT USE ONLY** ☐Building ☐Plumbing ☐HVAC ☐Electrical ☐Demo Use Group Permit #\_\_\_\_\_ Fire Grading Date Issued Live Loading \_\_\_ Fee \$\_\_\_\_\_ Receipt No.\_ ☐ Fee Waived Occupancy Load \_\_\_\_\_\_ Other Fee Approved By: Plan Review Certificate of Occupancy \$\_\_\_\_\_ **Total Fee** Title Date VIII. SITE OR PLOT PLAN – For applicant use