

PERMIT NO. _____
 CONTRACTOR NO. _____

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**

I. LOCATION OF BUILDING

Address _____ Zoning _____
(No.) (Street) District

Between _____ and _____
(Cross Street) (Cross Street)

Subdivision _____ Lot _____ Block _____ Lot Size _____

II. TYPE AND COST OF BUILDING – All applicants complete parts A-D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building *</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) *</p> <p>3 <input type="checkbox"/> Alteration (See 2 above) *</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Demolition (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (Relocation) *</p> <p>7 <input type="checkbox"/> Foundation only</p> <p>8 <input type="checkbox"/> Electrical (COMPLETE SECTION IV)</p> <p style="text-align: center;">*Request PLAN REVIEW CHECKLIST</p>	<p>B. OWNERSHIP</p> <p>8. <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc)</p> <p>9. <input type="checkbox"/> Public (Federal, State, or local government)</p> <hr/> <p>C. COST</p> <p>10. Cost of Improvement.....\$ _____</p> <p style="text-align: center;"><i>To be installed but not included in above cost</i></p> <p>a. Electrical..... _____</p> <p>b. Plumbing..... _____</p> <p>c. Heating, Air Conditioning..... _____</p> <p>d. Other (Elevator, etc.)..... _____</p> <p>11. TOTAL COST OF IMPROVEMENT.....\$ _____</p>
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D. PROPOSED USE – For “Demolition”

<p>Residential</p> <p>12. <input type="checkbox"/> One family</p> <p>13. <input type="checkbox"/> Two or more family – Enter number of units... _____</p> <p>14. <input type="checkbox"/> Total floors _____</p> <p>15. <input type="checkbox"/> Garage</p> <p>16. <input type="checkbox"/> Carport</p> <p>17. <input type="checkbox"/> Other – Specify _____</p>	<p>Nonresidential</p> <p>18. <input type="checkbox"/> Office, bank, professional</p> <p>19. <input type="checkbox"/> Public utility</p> <p>20. <input type="checkbox"/> School, library, other educational</p> <p>21. <input type="checkbox"/> Stores, mercantile</p> <p>22. <input type="checkbox"/> Tanks, towers</p> <p>23. <input type="checkbox"/> Other – Specify _____</p>
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24. **Proposed Start Date:** _____ 25. **Project Duration(days/weeks/months):** _____

JOB DESCRIPTION (If use of existing building is being changed, enter proposed use and describe in detail):

PERMIT NO. _____

CONTRACTOR NO. _____

VII. VALIDATION – For office use only

Building Plumbing HVAC Electrical Demo

Permit # _____

Date Issued _____

Fee \$ _____ Receipt No. _____

Fee Waived

Other Fee \$ _____

Plan Review \$ _____

Certificate of Occupancy \$ _____

Total Fee \$ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved By:

_____ Title _____ Date

VIII. SITE OR PLOT PLAN – For applicant use

Blank area for Site or Plot Plan.