



# PLANNING AND DEVELOPMENT

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## PERMIT APPLICATION SINGLE FAMILY AND TWO FAMILY RESIDENTIAL STRUCTURES

Is this a Revision?  Yes  No If yes, permit # \_\_\_\_\_

Prior communication with the city?  Yes  No If yes, provide name: \_\_\_\_\_

### PROJECT LOCATION

Property Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number \_\_\_\_\_ Section \_\_\_\_\_

Does the property contain a flood plain?  Yes  No Does the property contain any wetlands?  Yes  No

### TYPE OF STRUCTURE IMPROVEMENT

Project Square Footage: \_\_\_\_\_ Project Valuation: \_\_\_\_\_

New Single-Family Structure

Addition

New Two Family Structure

Remodel

Foundation Only

Accessory Structure

Basement Finish

Moving Structure

# of stories above street level: \_\_\_\_\_

Project Description: \_\_\_\_\_

Basement:  Yes  No

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### OWNER INFORMATION Same as Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTRACTOR / BUILDER INFORMATION Same as Applicant

Primary Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Name of Onsite Superintendent:** \_\_\_\_\_

Superintendent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**UTILITIES INFORMATION**

Electrical Code being used:  2020 Indiana Residential Code  2009 Indiana Electrical Code

Plumbing Code being used:  2020 Indiana Residential Code  2012 Indiana Plumbing Code

Sewer Disposal:  Public  Other

Water Supply:  Public  Individual Water

**2020 ENERGY COMPLIANCE METHOD**

Prescriptive (most restrictive)  Total UA (allows building envelope trade offs)

Performance (most flexible, considers heating, cooling, and water heating costs only)

**TYPE OF SITE IMPROVEMENT**

DRIVEWAY:  New  Repair  Reconstruction

SIDEWALK:  New  Repair  ADA Curb Ramp

Width: \_\_\_\_\_ Length: \_\_\_\_\_

SANITARY SEWER, TAP CONNECTION:  New  Repair  Conversion  Septic

Length: \_\_\_\_\_

**SEA 393 DISCLOSURE**

In accordance with Senate Enrolled Act No. 393 (SEA 393) regulations, all Class 2 structures must disclose the types of advanced structural components used in the qualifying property.

Advanced Structural Components Used:  
(check all that apply)

Roof (specify below)

Truss  n/a

I-Joist

Other \_\_\_\_\_

Floor (specify below)

Truss  n/a

I- Joist

Other \_\_\_\_\_

**FINANCIALLY RESPONSIBLE PARTY**

Person to be billed for all expenses relating to permit : \_\_\_\_\_

**CERTIFICATION & NOTICE OF INTENT TO COMPLY STATEMENT**

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Code, the Unified Development Ordinance, Noblesville Construction Standards, the Stormwater Ordinances and Stormwater Standards Manual, the approved Plans and Specifications, IDEM requirements, any and all Local, County, and State requirements including private restrictions, if any, which may be imposed on the above described property.

I further certify the modifications to the site and erection of a structure to be completed with this project will not cause any adverse drainage condition that would cause damage to adjoining public or private property as a result of this construction.

I understand that I have six (6) months to request my first building inspection, and no more than two (2) years to

complete this project. If I do not begin or finish within the allowable time, this permit will be null and void.

I further understand that all work associated with the issuance of this permit must be inspected and approved by the City of Noblesville, at predetermined points in the construction process, and includes inspections by both the Planning and Engineering Departments.

I further certify that the construction for which this permit is issued will not be used or occupied until proper Certificates of Occupancy are issued by the Department of Planning and Development.

Signature of Owner/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_