

FRANKLIN COUNTY BUILDING PERMIT APPLICATION  
COMMERCIAL/COMMERCIAL ADDITIONS

For Office Use Only

ZONE \_\_\_\_\_ PERMIT# \_\_\_\_\_ FLOOD PLAIN Y OR N FINES \$ \_\_\_\_\_ FEE \$ \_\_\_\_\_ SEPTIC  
PERMIT NO. \_\_\_\_\_ / \_\_\_\_\_ STATE RELEASE # \_\_\_\_\_  
DRIVEWAYRECOMMENDATIONS \_\_\_\_\_

OWNER INFORMATION

(Please Print)

NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

BUILDER INFORMATION

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE:# \_\_\_\_\_

DESCRIPTION OF PROPERTY

TOWNSHIP \_\_\_\_\_ SECTION # \_\_\_\_\_ TOWNSHIP# \_\_\_\_\_  
RANGE # \_\_\_\_\_ ACREAGE \_\_\_\_\_ PARCEL # 24- \_\_\_\_\_  
ADDRESS \_\_\_\_\_ OR NEW ADDRESS Y OR N (circle one)

DESCRIPTION OF BUILDING

ESTIMATED COST \_\_\_\_\_ STORIES \_\_\_\_\_ 1<sup>st</sup> FL.SQ.FT. \_\_\_\_\_ 2<sup>nd</sup> FL.SQ.FT. \_\_\_\_\_  
FOUNDATION: BASEMENT SLAB OR CRAWL BATHROOMS \_\_\_\_\_

**COPY OF BUILDING PLANS AS SUBMITTED TO STATE OF INDIANA (11X17 or larger)**

**COPY OF CONSTRUCTION DESIGN RELEASE**

**NEW DRIVEWAY PERMIT** - County Highway Department or if state highway INDOT

**SEPTIC PERMIT, OR LETTER OF AVAIAILITY FROM SEWER FACILITY-** please provide a copy.

**PLOT PLAN** – show the location of all buildings, distance from all property lines, driveway and septic location,

**APPROVAL** in writing from Incorporated Town or any Property Owner Association.

**NOTICE OF AGRICULTURE ACTIVITY** – Must be signed by owner and notarized.

**RULE 5 FROM IDEM** – contact Franklin County Soil & Water @ 765-647-2651, if disturbing 1.00 acre or more of property

**MUST FOLLOW FRANKLIN COUNTY DEVELOPMENT & CONSTRUCTION STANDARDS** – contact Franklin County Commissioners @ 764-647-4985 or County Surveyor @ 765-647-5651

**NOTICE- ALL PERMITS ARE SUBJECT TO A FIVE (5) DAY WAITING PERIOD FOR REVIEW.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE OF AGRICULTURAL ACTIVITY

TO: ALL APPLICANTS FOR IMPROVEMENT LOCATION PERMITS IN ALL ZONED AREAS OF FRANKLIN COUNTY, INDIANA.

This notice is given to you because of your application for an Improvement Location Permit to build or move into an area of Franklin County that is zoned for Agriculture or near an area zoned for agricultural use.

The purpose of this notice is to assure that you are aware that all agricultural operations may be practiced in the area of this residence and/or subdivision.

Agricultural activity includes but is not limited to, production of crops, animal husbandry, land application of animal waste, the raising, breeding, and sale of livestock and poultry, including confinement feeding operations, use of farm machinery, and the sale of farm products.

Single-family dwellings are permitted uses of land in an Agricultural Zone, and this is not restricted to farm families. However, people who choose to live in or near these areas must understand that agricultural operations may be occurring nearby.

You must also understand that Indiana has a "RIGHT TO FARM" law that protects farm operations from unwarranted nuisance suits by neighbors. Farm operations do not constitute a nuisance so long as they are not negligently maintained, do not cause bodily injury to third parties, directly endanger human health, or does not cause damage to adjoining property. This applies to agricultural uses that currently exist, are enlarged, or changed in use in the future to another agricultural use.

By signing this notice form, you verify that you have received it, read it and understand it. You are not giving up the right to seek redress for negligence by individuals associated with a farm operation or by other residents of the area.

Document prepared by Tammy R. Davis, Davis Law Office

Printed Name of Owner: \_\_\_\_\_

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

Township \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Acreage \_\_\_\_\_ Parcel Number 24- \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

State of Indiana )

)  
County of Franklin)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary public

\_\_\_\_\_  
Signature of Notary Public

My Commission expires on \_\_\_\_\_.

**THIS DOCUMENT MUST BE SIGNED BY THE PROPERTY OWNER AND NOTARIZED BY A NOTARY.**

**PLOT PLAN REQUIREMENTS**

- a. Owner, address and parcel number.
- b. Location (distance from the front, side and rear property lines) and size of new structures, and septic site(s).
- c. Location of county road or state highway.

## ALL ITEM LISTED ABOVE MUST BE ON PLOT PLAN

Parcel # \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_



# APPLICATION FOR CONSTRUCTION DESIGN RELEASE

State Form 37318 (R15 / 1-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY  
 DIVISION OF FIRE AND BUILDING SAFETY  
 PLAN REVIEW BRANCH  
 302 West Washington Street, Room E245  
 Indianapolis, IN 46204  
 www.in.gov/dhs/2372.htm



**INSTRUCTIONS:** Please type or print clearly. If multiple design professionals are involved in the certification process, submit an additional page 1 with the appropriate information.

Type of application						
<input type="checkbox"/> Standard <input type="checkbox"/> Partial <input type="checkbox"/> Foundation Request						
<b>PROJECT LOCATION (Must Be Complete and Accurate)</b>						
Name of project			Closest intersecting street or road			
Address (site location, number and street)			Suite or floor		Direction FROM intersection TO project <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
City		County		Is project within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is building State owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OWNER'S CERTIFICATE (Must Be Executed)</b>						
As owner of the project for which this application is being filed, I hereby certify:						
<ol style="list-style-type: none"> <li>the description of use and information contained on this application are correct;</li> <li>the project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission; and</li> <li>any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.</li> </ol>						
Authorized signature					Date (month, day, year)	
Name (typed or printed)			Title			
Telephone number (      )		Fax number (      )		E-mail address		
Name of owner or business					Facility use	
Address (number and street, city, state, and ZIP code)						
Foundation Requested - I agree to take full responsibility for removing and replacing any construction found, by plan examination or by inspection, to be in violation of the building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Home Land Security, Division of Fire and Building Safety, Plan Review Branch.						
<b>DESIGN PROFESSIONAL CERTIFICATE (Must Be Executed for all new buildings or additions exceeding 50,000 Gross Cubic Feet or Any Alteration affecting Structural Safety)</b>						
As the design professional for the project for which this application, plans and specifications are being filed, I hereby certify:						
<ol style="list-style-type: none"> <li>I am qualified and competent to design such buildings, structures, and systems and have attached a copy of my current registration card;</li> <li>the plans and specifications filed in conjunction with this application were created by me and / or by my persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;</li> <li>the project data contained on this application are correct and correspond with the plans and specifications to be filed in conjunction with this application;</li> <li>the design professional identified below will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and</li> <li>I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D Felony punishable by a prison term and a fine of up to \$10,000.</li> </ol>						
Responsibility is for the following systems: <input type="checkbox"/> Site <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Foundation <input type="checkbox"/> All of the above <input type="checkbox"/> Structural <input type="checkbox"/> Other <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical						
Signature					Date (month, day, year)	
Name (typed or printed)			Indiana registration number <input type="checkbox"/> Architect <input type="checkbox"/> Engineer			
Telephone number (      )		Fax number (      )		E-mail address		
Name of firm (if applicable)						
Address (number and street, city, state, and ZIP code)						
Designated inspecting design professional			Indiana registration number		Telephone number (      )	

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL



**PROJECT DATA**

Part of State Form 37318 (R15 / 1-12)

FOR OFFICE USE ONLY	
SBC project number	Filing date (month, day, year)

**INSTRUCTIONS:** This page must be completed by the submitter.  
Please answer all pertinent questions and use a separate sheet if additional space is required.

**DOCUMENTS REQUIRED FOR FILING**

1. One Application for Construction Design Release (*original signatures*), together with correct filing fees. (*See fee schedule.*)
2. One complete set of plans and specifications. This set will be returned to the applicant for use at the job site. Additional collated sets may be submitted and returned if stamped sets are needed for other purposes. Please limit the weight of each submitted package to 30 pounds.
  - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets or easements bordering the property.
  - B. Foundation and basement plans and details.
  - C. Dimensioned floor plans for all floors.
  - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exits.
  - E. Wall elevations of all exterior walls including adjacent ground elevation.
  - F. Sections and details of walls, floors and roof, showing dimensions, materials, and heat transfer factors (*R-Values*).
  - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and all stress calculations, if specifically requested.
  - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways and corridors.
  - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - J. Construction specifications (*may be on plans for small projects*).
  - K. Electrical plans, diagrams, details of service entrance, and power or lighting information required for energy conservation.
  - L. Plumbing plans showing location of fixtures, risers, drains and piping isometrics.
  - M. Mechanical plans showing location and size of ductwork, equipment; fire dampers and smoke dampers and equipment schedules showing capacity.

PROJECT DESCRIPTION (Must Be Complete)		FLOOR AREAS	ESTIMATED COSTS
Scope of work <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (If applicable) Square Feet	
Is this construction the result of fire or natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (If applicable) Square Feet	Addition (If applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Detailed suppression system plans / specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (If applicable) Square Feet	Remodeling (If applicable) \$
If partial, specify where*	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input type="checkbox"/> No	Total building area square feet	Total project cost \$
Building construction type and occupancy classification	Building height (Stories)	Number of buildings this submittal (Describe if necessary)*	Volume cubic feet (Fee category E only)
Indiana rehabilitation standard (Chapter 34) used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of conversion rule (Rule 13) proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does project include: (Check if Yes) <input type="checkbox"/> High pile storage <input type="checkbox"/> Boiler or pressure vessel <input type="checkbox"/> Hazardous or flammable materials storage <input type="checkbox"/> Elevator or lift <input type="checkbox"/> Combustible fibers storage <input type="checkbox"/> Fireworks storage <input type="checkbox"/> Explosives storage			
Describe proposed use of facility IN DETAIL, including types of flammable or combustible materials stored or handled			
Describe previous or current use of facility IN DETAIL (If existing facility).			
General comments			
Number of persons employed (Maximum per shift)		Number of persons (public)	

GENERAL INFORMATION			
Has other work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What year and month	Previous SBC project number	Name of manufacturer	Master plan / modular number
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, has a notice of violation or investigation been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, probable construction starting date? (month, day, year)	

