

TOWN OF SANTA CLAUS
PO BOX 92
SANTA CLAUS, IN 47579
(812) 937-2551

BUILDING PERMIT APPLICATION

OFFICE USE ONLY

Building Permit No. _____ Type of Permit _____ Date Issued _____

Non-Refundable Building Permit Fee \$ _____ Number of Inspections _____

Approved by _____

Comments _____

TO BE COMPLETED BY APPLICANT

Applicant Name _____ Phone Number _____

Mailing Address _____

Building Location (Address) _____

Building Contractor _____ Phone Number _____

Plumbing Contractor _____ Phone Number _____

License Number _____

Electrical Contractor _____ Phone Number _____

License Number _____

Lot Dimensions or Acreage _____ In a Flood Plain? Y / N

Bldg. Dimensions _____ Total Floor Area (include garage) _____

Electrical Service Panel Size _____ Proposed Use of Bldg. _____

Estimated Cost _____ Type of Heat _____

Number of Rooms:

Bedrooms _____ Kitchen _____ Living Room _____ Baths _____ Family Room _____

Utility _____ Storage _____ Unimproved _____ Dining Room _____ Other _____

Type of Structure: Masonry _____ Wood Frame _____ Mobile Home _____ Log _____ Structural Steel _____

Earth Shelter _____ Reinforced Concrete _____ Modular Home _____

Type of Foundation: Crawlspace _____ Basement _____ Concrete Slab _____ Wood _____ Other _____

Type of Water Supply _____ Type of Sewage Disposal _____

(Over)

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Locate structure on lot. Show setback lines in feet from all lines to structure.
(May use copy of Architectural Permit).

NORTH

WEST EAST

SOUTH

THIS SECTION FOR SWIMMING POOL USE ONLY

Pool Size _____ Type _____ Underground _____ Above Ground _____
Fence _____ Type _____ Height _____ Or Cover _____

INSTRUCTIONS TO BUILDERS AND PERMIT HOLDERS

Call inspector (686-3134) - for inspection before pouring footings (give at least 24 hour notice).

Call inspector (686-3134) - for rough inspection; waterproofing, frame, roofing, rough-in electrical, plumbing, heating, and air conditioning (give at least 24 hours notice).

Call inspector (686-3134) - for permanent electrical service inspection (give at least 24 hours notice).

Call inspector (686-3134) - for final inspection (give at least 24 hours notice).

COVER NO WORK UNTIL INSPECTION IS COMPLETED

I hereby certify that the information contained within is correct and true to the best of my knowledge. I agree to abide by all applicable laws of this jurisdiction and to inform the building commission if any changes are made affecting this application. I understand the application fee is non-refundable and the building permit is valid for one year from the date of issue.

Signature of Applicant _____ Date _____

Mailing Address _____
