

TOWN OF SANTA CLAUS
PO BOX 92
SANTA CLAUS, IN 47579

PERMIT NO. _____

DATE ISSUED _____

IMPROVEMENT LOCATION PERMIT

BUILDER: NAME _____ PHONE _____
STREET _____ CITY _____ STATE _____ ZIP _____

OWNER: NAME _____ PHONE _____
STREET _____ CITY _____ STATE _____ ZIP _____

LOCATION: LOT: _____ SUBDIVISION: _____
ADDRESS OF CONSTRUCTION _____

- A. TYPE OF CONSTRUCTION:
1. Residential (One or Two Family)
 2. Residential (Multi-Family)
 3. Commercial
 4. Industrial
 5. Other (specify) _____
- B. TYPE OF SEWAGE DISPOSAL:
1. Public - Name of system: _____
 2. Private (Septic Tank, etc.)
- C. TYPE OF WATER:
1. Public - Name of system: _____
 2. Private (Well, etc.)
- D. TYPE OF IMPROVEMENT:
1. New Structure
 2. Addition-Porch Room _____
 3. Garage-Detached Attached _____
 4. Accessory Building
 5. Swimming Pool
 6. Demolition
 7. Other (specify) _____
- E. CURRENT ZONING CLASSIFICATION _____
- F. PRESENT USE OF PROPERTY:
1. Farm/Vacant
 2. Residential (One or Two Family)
 3. Commercial
 4. Industrial
 5. Other (specify) _____
- G. PROPOSED USE OF PROPERTY:
1. One/Two Family Dwelling
 2. Multi-Family Dwelling
 3. Commercial
 4. Industrial
 5. Other (specify) _____
- H. ESTIMATE COST OF CONSTRUCTION: \$ _____
(Excluding land value)
- I. SUMP PUMP Yes No
- J. GEOTHERMAL HEAT PUMP Yes No
- K. CULVERT SIZE _____
- L. SIGNS & ADVERTISING DEVICES
- M. Y / N IS PROPERTY IN A FLOOD PLAIN?

The undersigned agrees that any construction, reconstruction, enlargement, conversion, relocation or alteration of structure, or any changes in the uses of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and Zoning Ordinance 1995-05 of Santa Claus, Indiana, along with any revisions and supplements, adopted under the authority of Acts of 1979, public Law 178 sec. 1 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto.

The undersigned further certifies that only kitchen, bath, laundry and floor drains are connected to the sanitary sewer system.

Signature of Owner / Authorized Agent _____ Application Date _____ \$ _____
Non-Refundable Permit Fee

Approved by: _____ Date: _____

Comments: _____