

<i>For Office Use Only</i>	PERMIT NUMBER: _____	STATE DESIGN RELEASE NUMBER: _____	RULE 5: _____
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PERMIT TYPE

- | | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Demolition | <input type="checkbox"/> Garage | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Remodel | <input type="checkbox"/> Commercial | <input type="checkbox"/> Pole Barn | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Addition | <input type="checkbox"/> Accessory | <input type="checkbox"/> Electric | <input type="checkbox"/> Tower |

Project Address: _____

ZONING:

- AG R1-A RMH MXD B2 I2
 R1 R2 RMHA B1 I1 PUD RDD

Zoning info can be found on the Newton County GIS/Beacon (see County website for details)

Legal Description: _____ Township: _____

Parcel ID Number: _____ Tax ID Number: _____

Structure Type: Modular / Mobile / Wood Frame / Masonry / Steel / Aluminum / Reinforced Concrete / _____
[CIRCLE ONE] [OTHER]

Flood Plain: Yes No Est. Project Cost: _____

SIZE OF BUILDING	FOUNDATION TYPE	EXTERIOR WALLS	TRUSSES	FLOOR JOISTS
WIDTH: _____ ft. LENGTH: _____ ft. HEIGHT: _____ ft. TOTAL: _____ sq. ft.	<input type="checkbox"/> Concrete Block <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace	<input type="checkbox"/> Masonry Bearing <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Manufactured <input type="checkbox"/> Rafters <small>*Manufactured trusses must include design release</small>	<input type="checkbox"/> Manufactured <input type="checkbox"/> Traditional <small>*Manufactured joists must include designer's specs</small>

ELECTRICAL SERVICE	RESIDENTIAL DETAILS	SETBACKS (ft.)
<input type="checkbox"/> 2 Wire <input type="checkbox"/> 30 A <input type="checkbox"/> 200 A <input type="checkbox"/> 3 Wire <input type="checkbox"/> 60 A <input type="checkbox"/> 400 A <input type="checkbox"/> Single Phase <input type="checkbox"/> 100 A <input type="checkbox"/> 600 A <input type="checkbox"/> 3-Phase	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent _____ Number Bedrooms _____ Number Bathrooms _____ Total Rooms Other: _____	_____ Front _____ Rear _____ Side _____ Side

HEATING/HVAC/MECHANICAL SYSTEM(S)	FIREPLACE	WATER FIXTURES
<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other: _____ <input type="checkbox"/> Oil <input type="checkbox"/> Solar <input type="checkbox"/> Fireplace <input type="checkbox"/> Central Air	<input type="checkbox"/> Chimney/Permanent <input type="checkbox"/> Insert <input type="checkbox"/> N/A	Total Number: _____

APPLICANT/OWNER INFO

Applicant Name: _____ Date of Application: _____

Address: _____

Primary Phone: _____ [Work / Home] Secondary Phone: _____ [Work / Home]

E-mail: _____ Owner of Real Estate: _____

CONTRACTOR

*Per Newton County Ordinance 96-4, all work performed under said permit must be done by a contractor registered in Newton County.

	CONTRACTOR NAME	PHONE NUMBER	REGISTRATION NUMBER
General	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Excavation	_____	_____	_____
Concrete	_____	_____	_____
Carpentry	_____	_____	_____
Roofing	_____	_____	_____
Insulation	_____	_____	_____
Drywall	_____	_____	_____
Masonry	_____	_____	_____
Painting	_____	_____	_____
Gutters	_____	_____	_____
Other	_____	_____	_____

THE APPLICANT ACKNOWLEDGES THAT THE INFORMATION CONTAINED IN THIS FORM IS PART OF THIS APPLICATION AND THAT THE APPLICANT IS BOUND BY SAID INFORMATION.

Applicant's Signature: _____ Approved By: _____

Received Permit Fee: \$ _____ Date: _____

Office Use Only

Faxed to Assessor _____

SUBMITTAL REQUIREMENTS

THE FOLLOWING STEPS NEED TO BE COMPLETED TO OBTAIN A BUILDING PERMIT:

1. Completed Building Permit Application [*Previous Side*]
2. Plat of Survey and/or site plan showing the following:
 - a. Lot dimensions
 - b. Locations and dimensions of all improvements
 - c. Detailed and accurate outer measurements of all structures in the project
 - d. Setbacks from all property lines, septic, well, and structures
3. Building prints/plans
 - a. Footing & Foundation
 - b. Floor Plans
 - c. Cross Section
 - d. Manufacturer Specifications for Manufactured Trusses, Joists, etc.

The applicant represents that all details of the proposed structure will comply in all respects with minimum requirements as provided in the Building and Zoning Ordinances of Morocco, Indiana, and of the State Building Code of the State of Indiana.

Initials of Applicant

The applicant acknowledges and agrees that any violation of the town ordinances or state law with respect to building or zoning, as well as failure to abide by the terms of this application will result in legal action by the Building Commissioner.

Initials of Applicant

The applicant further acknowledges and agrees that any such legal action required on behalf of the Morocco Building Commissioner will be at the expense of the applicant, including, but not limited to, court costs and attorney's fees.

Initials of Applicant

The applicant has read, understood, and agrees to the above statements and policies.

Initials of Applicant