

CITY OF MARTINSVILLE REMODEL PERMIT APPLICATION

	PERMIT NO.		FEE
BUILDING	_____	RESIDENTIAL _____	_____
ELECTRICAL	_____	COMMERCIAL _____	_____
		TOTAL DUE	_____

OWNER: _____ Phone: _____

ADDRESS _____

Address where work will be done: _____

ADDITION/SUBDIVISION: _____ Present Zoning Classification _____

NOTE: If building site is within special flood hazard areas (Zones beginning with the letters "A" or "V"), an elevation certificate (FEMA Form 81-31) must be completed by an Indiana Registered Land Surveyor, Professional Engineer or Architect and submitted to the Building Inspector. The "lowest floor" elevation must be 2.0 feet above the base flood elevation. A building permit WILL NOT be issued until the elevation certificate has been received.

New: _____ Addition: _____ Alteration: _____ Estimated Cost: _____

PROPOSED WORK DESCRIPTION: _____

Work to Begin: _____ Finish: _____

NOTE: It is the responsibility of the owner or builder to notify the Building Inspector when ready for each inspection. Also, it is the responsibility of the owner or builder to obtain a separate improvement location permit for commercial or industrial improvements outside of the building.

SECTION 7 – PERMIT REQUIRED

All permits issued shall expire on (1) year from date of original issue if the construction phase has not begun.

SECTION 15 – CERTIFICATE OF OCCUPANCY REQUIRED

It shall be unlawful for any person to occupy or use any building, for which a Building Permit is required by this article without obtaining a Certificate of Occupancy.

A Certificate of Occupancy shall be issued only if the building for which it is desired is in all respects in compliance with all the provisions of this code, the Zoning and Subdivision Ordinances, and all other provisions of State Law, including those pertaining to construction in a Flood Plain, if applicable.

NAME & CONTACT INFORMATION OF FIRM OR PERSON BY WHICH WORK WILL BE DONE:

CONSTRUCTION: _____

PLUMBING: _____

ELECTRICAL: _____

HAVE YOU CHECKED FOR LOCATES? CALL 811: WATER _____ SEWER _____ GAS _____

NOTE: A detailed site plan, following the attached checklist (per the examples) must be provided with this application. If on septic system, must have copy of Morgan County Board of Health Permit.

Comment: _____

Signature of Applicant Date

Brian Love, Building Inspector Date