



City of Valparaiso

COMMERCIAL PERMIT APPLICATION
NEW CONSTRUCTION/MAJOR ALTERATIONS

Permit #: \_\_\_\_\_
Date Paid: \_\_\_\_\_
Date Called: \_\_\_\_\_
Date Submitted: \_\_\_\_\_
TCO/CO: \_\_\_\_\_ / \_\_\_\_\_

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

IDENTIFICATION TYPE OR PRINT IN INK

Project Address: \_\_\_\_\_ on the N / E / S / W side of street (circle one)
Name of Business/Facility: \_\_\_\_\_ Lot Size: \_\_\_\_\_ SF
Ownership: [ ] Private [ ] Public Zoning District: \_\_\_\_\_

Owner Name: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Email: \_\_\_\_\_

GENERAL CONTRACTOR/ARCHITECT

General Contractor: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_

Architect: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_

DETAILED INFORMATION

PROPOSED PROJECT:
[ ] Retail/Mercantile [ ] Office
[ ] Restaurant [ ] Hotel
[ ] Institutional [ ] Industrial
[ ] Repair Garage [ ] Parking Garage
[ ] Church [ ] School/Education
[ ] Tanks/Towers [ ] Public Utility
[ ] Recreational [ ] Warehouse
[ ] Multi-Family/Dormitory
[ ] Other, Specify \_\_\_\_\_

STRUCTURE TYPE:
[ ] Wood Frame [ ] Masonry
[ ] Reinforced Concrete [ ] Steel
[ ] Other, Specify \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**COMMERCIAL PERMIT APPLICATION — NEW CONSTRUCTION**

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**DETAILED INFORMATION CONTINUED**

Space	Square Footage		
First Floor	_____	Number of Dwelling Units	_____
Second Floor	_____	Number of Added Units	_____
Additional Floors	_____		
Garage	_____	Building Height	_____
Basement	_____		
TOTAL SQUARE FOOTAGE _____			

<b>Foundation Type:</b> <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab	<b>Basement Type:</b> <input type="checkbox"/> Unfinished <input type="checkbox"/> Semi-Finished <input type="checkbox"/> Finished	<b>Heating Fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other, Specify _____ _____	<b>Additional Mechanical Equipment:</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Elevator <input type="checkbox"/> Other, Specify _____ _____
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<b>Fire Protection:</b> <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other _____	<b>Plumbing Facilities:</b> Bathrooms: _____ Water Closets: _____ Lavatories: _____	<b>Off Street Parking Spaces:</b> Outdoor _____ Enclosed _____	<b>Water Supply:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <b>Sanitary Sewer:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (septic)
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**SETBACKS (Actual)**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ and \_\_\_\_\_

**BUILDING CONSTRUCTION COST: \$ \_\_\_\_\_**

**SUBMISSION CHECKLIST**

- Building Plans**— PDF & 1 paper copy of all plans (this includes Site Plan and Landscape Plan) (must include all floor plans, elevations, foundation, mechanical, electrical, plumbing, and wall sections)
- State of Indiana Construction Design Release(s)**
- Detailed Site Plan**—including setbacks, drainage, sidewalks, and erosion control measures
- Site Permit Application**
- Landscape Plan**
- Zoning Clearance Application**
- Required Dedications/Waivers**
- Signed Plan Authentication Agreement (page 4)**

COMMERCIAL PERMIT APPLICATION — NEW CONSTRUCTION

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THIS PAGE FOR OFFICE USE ONLY

Plan Review Checklist

Required Documents:

- Site Plan/Dedications
Site Permit Application
List of Contractors
Zoning Clearance
Landscape Plan
Site Review

Building Plans:

- Foundation
Elevations
Floor Plans
State Construction Design Release

- Wall Section(s)
Roof
Sprinkler/Alarm

- Mechanical
Electrical
Plumbing

Notes:

Calculations:

ASSIGNED FEES—TO BE COMPLETED BY BUILDING COMMISSIONER

BUILDING DEPARTMENT

PERMIT GRANTED PERMIT DENIED

Permit Fee:
Inspection/CO Fee:
Total Building Dept. Fees:

Reviewer:
Title:
Date:

Park Impact Fee:
Planning Dept. Fee:
Engineering Dept. Fees:

TOTAL PERMIT FEES:

PLANNING DEPARTMENT

Reviewer: Title: Date:

# COMMERCIAL PERMIT APPLICATION — NEW CONSTRUCTION

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<b>SUBCONTRACTOR LIST</b>	<i>(All contractors/subcontractors must be registered with City of Valparaiso)</i>
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Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
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Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

## PLAN AUTHENTICATION AGREEMENT

***This Plan Authentication Agreement must be signed for all commercial projects requiring a State Construction Design Release***

As the person eligible and responsible for obtaining a permit(s) as required in Section 155.10 of the Valparaiso Municipal Code, and based upon the information contained with these plans, I certify that these plans are identical to those released for construction by the Indiana Department of Fire and Building Services. I understand that if it is determined that these plans are not identical, all permits obtained as a result of their submittal may be revoked as stated in Section 155.19 of the Valparaiso Municipal Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_