



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 Township: _____ 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 _____			

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

Location: Roof Type: _____

Floor Type: _____

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)**

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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:

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SUBCONTRACTOR LIST	<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:
Contact:	Address:
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Contractor Type:	Contractor Name:
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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:	

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 _____