



TOWN OF
HEBRON

BRADFORD LADWIG
BUILDING COMMISSIONER

Office 219-996-4641
Fax 219-996-7494

EMAIL:

hebronbuilding@hebronindiana.org

ESTABLISHED 1890
BUILDING DEPARTMENT

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

COMMERCIAL PERMIT APPLICATION

PURPOSE: PER TOWN OF HEBRON BUILDING CODES AND ORDINANCES, NO BUILDING PERMIT SHALL BE ISSUED FOR THE FOREGOING PURPOSES, UNLESS THE APPLICATION FOR A PERMIT IS ACCOMPANIED BY A PLAT OR SKETCH OF THE PROPOSED LOCATION SHOWING LOT BOUNDARIES AND PLANS AND SPECIFICATIONS SHOWING THE WORK TO BE DONE. IN ADDITION A COPY OF A CONSTRUCTION DESIGN RELEASE ISSUED BY THE STATE OF INDIANA BUILDING COMMISSIONER AND THE STATE OF INDIANA FIRE MARSHAL PURSUANT TO IC22-15-3-1 AND A COMPLETE SET OF PLANS, IDENTICAL TO THOSE RELEASED FOR CONSTRUCTION BY THE INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES, SHALL BE PROVIDED TO THE TOWN OF HEBRON BUILDING COMMISSIONER BEFORE ISSUANCE OF A PERMIT FOR CONSTRUCTION COVERED BY SUCH DESIGN RELEASE; AND A STORM WATER DRAINAGE PLAN PREPARED BY A DESIGN PROFESSIONAL AS DEFINED BY 675 IAC 12-6-2, SECTION 2(D) OF THE INDIANA GENERAL ADMINISTRATIVE RULES, SHALL BE SUBMITTED TO THE TOWN OF HEBRON BUILDING COMMISSIONER AND THE TOWN OF HEBRON PLAN COMMISSION.

APPLICATION DATE _____ ESTIMATED VALUE \$ _____ DATE of COMPLETION _____

CHECK ALL THAT APPLY:

New Construction _____ Addition to Existing Structure _____ Modification/Co-Location _____

Remodel Interior _____ Accessory Structure _____ Other _____

Proposed Use (describe the precise nature of the proposed use (i.e. retail, office, etc.):

Brief Description of Work:

PROPERTY OWNER

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WORK PHONE #: _____ CELL #: _____ HOME #: _____

E-MAIL: _____ FAX #: _____



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PROPERTY LOCATION

SITE ADDRESS: _____

SUBDIVISION NAME: _____

PARCEL NUMBER: _____ FLOOD ZONE: YES { } NO { }

GENERAL CONTRACTOR

COMPANY NAME: _____ CONTRACTOR'S LICENSE #: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WORK PHONE #: _____ CELL #: _____ FAX #: _____

E-MAIL: _____

COMPANY OWNER'S NAME: _____ HOME #: _____

SUB-CONTRACTORS

PLEASE PROVIDE THE NAME OF THE CONTRACTORS WHO WILL BE PERFORMING WORK ON THIS PROJECT.

NAME _____ TRADE _____ PHONE # _____

NAME _____ TRADE _____ PHONE # _____

NAME _____ TRADE _____ PHONE # _____

NAME _____ TRADE _____ PHONE # _____

NAME _____ TRADE _____ PHONE # _____

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DETAILS OF CONSTRUCTION (SCOPE OF WORK DIMENSIONS, MATERIALS, USE, ETC.)



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APPLICANT CHECK LIST (REQUIRED TO BE COMPLETED BY APPLICANT)

{ } COPY OF CONSTRUCTION DESIGN RELEASE

{ } REGISTERED CONTRACTOR AND/OR SUBCONTRACTOR FOR CURRENT YEAR.

{ } SITE PLAN DRAWN WITH DIMENSIONS AND CLEARLY LABELED SHOWING ALL EXISTING STRUCTURES, LOT LINES, AND PROPOSED NEW STRUCTURE INCLUDING MEASUREMENTS.

{ } ATTACHED PROPERTY'S LEGAL DESCRIPTION.

DRAWING / PLAT CERTIFICATION

THE UNDERSIGNED HEREBY CERTIFIES THAT THE IMPROVEMENTS SHOWN ON THE ATTACHED DRAWING/PLAT ARE WITHIN MY BOUNDARIES AND MEET ALL APPLICABLE SETBACK REQUIREMENTS OF THE HEBRON MASTER PLAN.

REVIEWED AND SUBMITTED { }

APPLICANT CERTIFICATION

THE INFORMATION WITHIN AND ALL ATTACHED EXHIBITS, ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. THE OWNER, LESSEE, OR CONTRACTOR, HEREBY AGREES TO ABIDE BY AND COMPLY WITH THE CONDITIONS OF ALL BUILDING AND HEALTH LAWS OF THE STATE OF INDIANA, AND THE UNIFIED DEVELOPMENT ORDINANCE OF THE TOWN OF HEBRON, IN. AND FURTHERMORE, UNDERSTANDS THAT ANY VARIATION OR VIOLATIONS FROM THE PROVISIONS OF THE ABOVE MENTIONED LAWS AND ORDINANCES OR CONDITIONS SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT. THE APPLICANT HAS **READ** AND **UNDERSTOOD** THE PERMIT GUIDE. ALL MUNICIPAL AND STATE CODES WILL BE FOLLOWED OR WILL BE FINED ACCORDINGLY.

DATE: _____

OWNER _____

Signature (sign in ink)

Print Name

CONTRACTOR _____

Signature (sign in ink)

Print Name



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FOR OFFICE USE ONLY

REVIEWED BY DIRECTOR OF PUBLIC WORKS: _____ DATE: _____

COMMENTS: _____

REVIEWED BY STORMWATER PRESIDENT: _____ DATE: _____

COMMENTS: _____

REVIEWED BY FIRE DEPARTMENT CHIEF: _____ DATE: _____

COMMENTS: _____

APPROVED BY: BUILDING COMMISSIONER: _____ DATE: _____

PERMIT # _____ PERMIT FEE _____ RECEIPT # _____



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BLUEPRINTS / DRAWING GUIDE

GENERAL REQUIREMENTS:

1. FILE ONE (1) SET ON MAXIMUM 11 X 17 LEDGER SIZE PAPER.
2. USE FEET AND INCHES FOR MEASUREMENTS.
3. INDICATE THE DIMENSIONS AND USE FOR EACH ROOM, CLOSET, GARAGE, ETC.
4. ENSURE ALL MUNICIPAL CODES ARE MET.
5. CALL INDIANA 811 BEFORE YOU DIG (DIAL 811)

FOUNDATIONS:

1. FOOTINGS CROSS SECTION WITH RE-BAR, LOCATIONS OF FOOTINGS (ELECTRICAL) GROUND.
2. SLAB THICKNESS, WALL THICKNESS, HEIGHT, REINFORCING MATERIALS.
3. MEASUREMENTS FROM BOTTOM OF FOUNDATION TO TOP OF SOIL.
4. UNDER SLAB PLUMBING / ELECTRICAL LOCATIONS, LAYOUT.
5. POST FRAME BUILDINGS.

FLOOR PLANS:

1. SHOW DIMENSIONS AND LOCATIONS OF WALLS, DOORS, WINDOWS, STAIRS, AND FIREPLACES.
2. HANDRAIL / GUARDRAIL LOCATIONS AND HEIGHTS.
3. TEMPERED GLASS LOCATIONS.
4. PLUMBING AND ELECTRICAL LOCATIONS, LOAD CALCULATIONS (COMMERCIAL).
5. SMOKE DETECTOR LOCATIONS.
6. SQUARE FOOTAGE OF EACH LEVEL, BASEMENT, GARAGE, DECK AND/OR PORCH.

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FLOOR / CEILING / ROOF FRAMING:

1. FLOOR, CEILING JOIST SIZE.
2. GIRDER, BEAM SIZES AND SPACING.
3. JOIST HANGER TYPE AND LOCATIONS.
4. FLOOR TRUSS FIRE BLOCKING (IF USING TRUSSES).

WALL SECTIONS:

1. SPECIFY ALL STRUCTURAL COMPONENTS IN WALLS, CEILINGS, ROOF, AND THEIR COVERINGS.
2. SPECIFY ALL INSULATION COMPONENTS OR PROVIDE RECHECK OR COMCHECK REPORTS.
3. SPECIFY R-VALUE OF COMPONENTS.

EXTERIOR DECKS:

1. DEPTH AND LAYOUT OF PIERS.
2. POST SIZE AND SPACING.
3. POST / BEAM CONNECTION HARDWARE.
4. FLASHING AND ANCHORING.
5. RAILING SIZE / STYLE AND STAIR WIDTH, DEPTH, RISER HEIGHT, LANDING DIMENSIONS.



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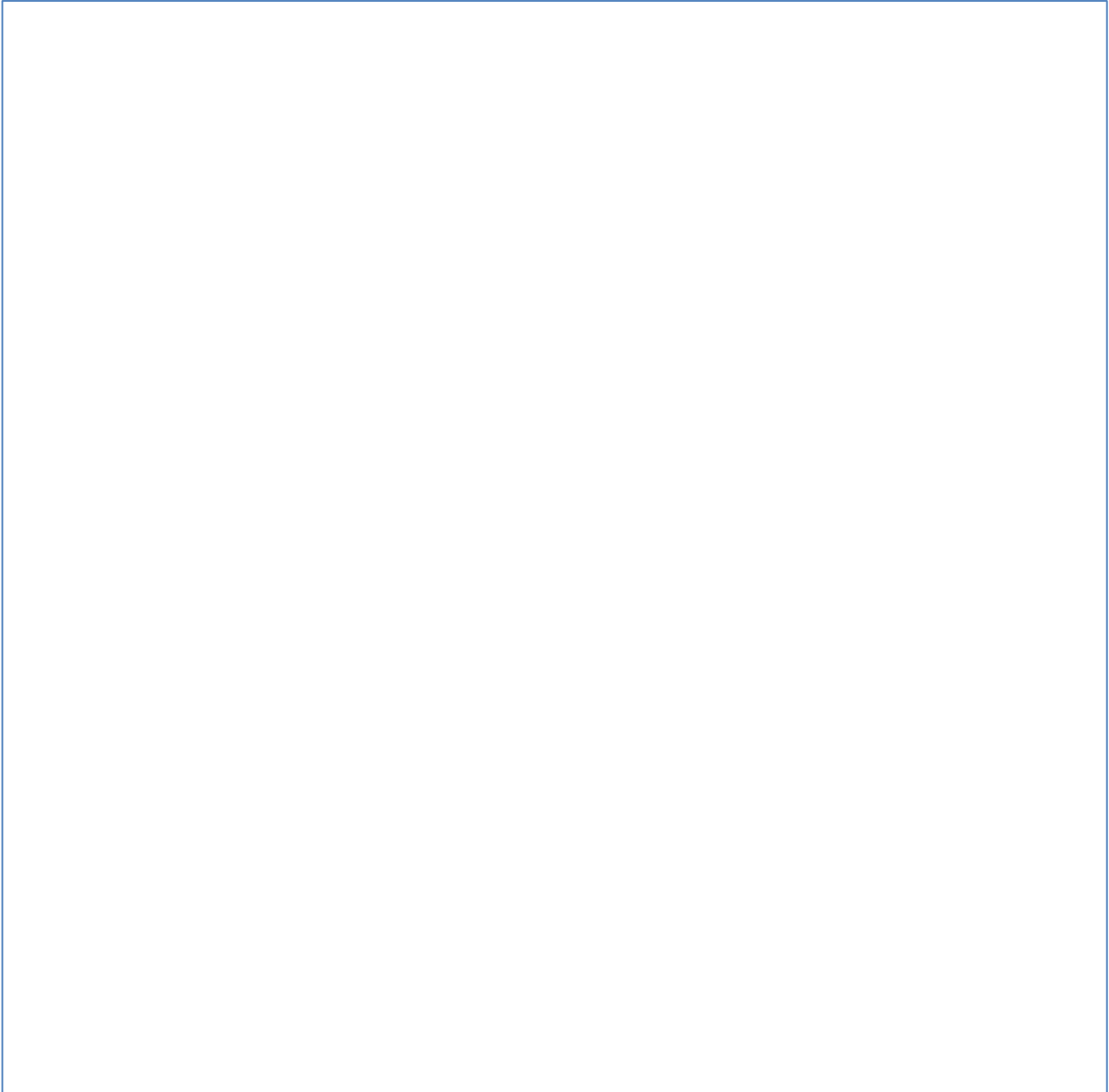
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SITE PLAN DRAWN AND CLEARLY LABELED WITH MEASUREMENTS SHOWING ALL EXISTING STRUCTURES AND LOT LINES. ALSO SHOW PROPOSED NEW STRUCTURE'S LOCATION.