



TOWN OF
HEBRON

ESTABLISHED 1890
BUILDING DEPARTMENT

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

BRADFORD LADWIG
BUILDING COMMISSIONER
Office 219-996-4641
Fax 219-996-7494

EMAIL:
hebronbuilding@hebronindiana.org

RESIDENTIAL NEW HOME PERMIT APPLICATION

APPLICATION DATE _____ ESTIMATED COST \$ _____ DATE OF COMPLETION _____

PROPERTY LOCATION

SUBDIVISION _____

SITE ADDRESS _____

LOT NUMBER _____ PARCEL # _____ FLOOD ZONE YES NO

PROPERTY OWNER

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ CELL # _____ WORK # _____

GENERAL CONTRACTOR

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

WORK PHONE # _____ CELL # _____ HOME # _____

E-MAIL _____

COMPANY OWNER'S NAME _____

COMPANY OWNER'S ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ CELL # _____



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NOTE: THE FOLLOWING THREE (3) TYPES OF WORK ARE NOT INCLUDED IN THE GENERAL CONTRACTORS' BUILDING PERMIT. CONTRACTORS ENGAGING IN THE TYPES OF WORK LISTED BELOW MUST BE LICENSED AND RESPONSIBLE FOR OBTAINING A SEPARATE PERMIT AND THEIR INSPECTIONS.

➤ ELECTRICAL PLUMBING HVAC

SUB-CONTRACTORS

	COMPANY NAME	PHONE NUMBER	LICENSE #
ELECTRICAL	_____	_____	_____
PLUMBING	_____	_____	_____
MECHANICAL	_____	_____	_____
SEWER/WATER	_____	_____	_____
EXCAVATION	_____	_____	_____
CONCRETE	_____	_____	_____
CARPENTRY	_____	_____	_____
ROOFING	_____	_____	_____
SIDING	_____	_____	_____
MASONRY	_____	_____	_____
GUTTERS	_____	_____	_____
INSULATION	_____	_____	_____
DRYWALL	_____	_____	_____
PAINTING	_____	_____	_____
WATERPROOF	_____	_____	_____
OTHER	_____	_____	_____

CONTRACTOR'S SIGNS: (MAXIMUM SIZE 16 SQ.FT.) MAY BE PLACED ON THE JOB SITE DURING CONSTRUCTION AND MUST BE REMOVED WITHIN 7 DAYS OF COMPLETION OF WORK. CONTRACTOR'S SIGN CAN NOT BE PLACED ON ANY EASEMENT.



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TYPE OF DWELLING / DETAILS OF CONSTRUCTION

SINGLE FAMILY TWO FAMILY MULTI-FAMILY DUPLEX MANUFACTURED

RANCH: TOTAL FINISHED SQ. FT. _____ BASEMENT SQ. FT. _____
CRAWL SLAB TOTAL HEIGHT OF STRUCTURE FT. _____

BI-LEVEL: UPPER LEVEL SQ. FT. _____ LOWER LEVEL SQ. FT. _____
TOTAL SQ. FT. _____ TOTAL HEIGHT OF STRUCTURE FT. _____

TRI-LEVEL: MAIN LEVEL SQ. FT. _____ UPPER LEVEL SQ. FT. _____
LOWER LEVEL SQ. FT. _____ TOTAL SQ. FT. _____
TOTAL HEIGHT OF STRUCTURE FT. _____

TWO STORY: MAIN LEVEL SQ. FT. _____ UPPER LEVEL SQ. FT. _____
BASEMENT SQ. FT. _____ TOTAL SQ. FT. _____
CRAWL SLAB TOTAL HEIGHT OF STRUCTURE FT. _____

COVERED PORCH SQ. FT. _____ DECK SQ. FT. _____ CONCRETE PATIO SQ. FT. _____

ATTACHED GARAGE SQ. FT. _____ DETACHED GARAGE SQ. FT. _____

DRIVEWAY DIMENSIONS _____ CURB-CUT: YES NO (IF YES, PERMIT NEEDED)

ELECTRICAL SERVICE: 100A 200A 400A

PLUMBING: NUMBER OF FIXTURES _____

HEATING / HVAC / MECHANICAL SYSTEM(S):

GAS ELECTRIC SOLAR FIREPLACE CENTRAL AIR

OTHER _____



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APPLICANT CHECK LIST (REQUIRED TO BE COMPLETED BY APPLICANT)

NOTE: FOR ANY UNDEVELOPED PROPERTY LOCATED IN AN APPROVED SUBDIVISION 10 YEARS OR OLDER OR ANY UNDEVELOPED PROPERTY NOT LOCATED IN AN APPROVED SUBDIVISION, A PROFESSIONAL PLAN THAT INCLUDES LIDAR MAPPING IS REQUIRED.

REGISTERED GENERAL CONTRACTOR AND SUBCONTRACTORS LIST (Page 2)

COPY OF EXECUTED CONSTRUCTION CONTRACT

RESIDENTIAL ENERGY CONSERVATION CERTIFICATE

RESIDENTIAL HVAC LOAD CALCULATIONS

2 SETS OF CONSTRUCTION DRAWINGS (24x36) SHOWING FLOOR PLAN, CROSS SECTION STRUCTURAL / FRAMING PLAN, MANUFACTURER SPECIFICATIONS FOR MANUFACTURED TRUSSES, JOIST, ECT.

2 COPYS OF INITIAL PLAT OF SURVEY SHOWING, SETBACKS, DRAINAGE PLAN, ELEVATIONS, EROSION CONTROL, ALL STRUCTURES, DRIVEWAY, DECKS / PATIOS, WITH DIMENSIONS.

FINAL PLAT (AS - BUILT / POST- DEVELOPMENT) CONTRACTOR IS REQUIRED TO SUBMIT A PLAT OF SURVEY (AS BUILT) FROM A LICENSED LAND SURVEYOR FOR VERIFICATION THAT THE DEVELOPMENT IS IN COMPLIANCE WITH ORIGINAL SITE PLAN / PLAT OF SURVEY & DRAINAGE PLAN.

TOWN OF HEBRON NOISE ORDINANCE: NO UNREASONABLE OR EXCESSIVE NOISE BETWEEN THE HOURS OF 9:00 pm and 7:00 am (FINES DO APPLY)

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. FURTHERMORE, THE APPLICANT 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 UNDERSTANDS** THE PERMIT GUIDE, ALL MUNICIPAL AND STATE CODES WILL BE FOLLOWED OR WILL BE FINED ACCORDINGLY.

OWNER _____
Signature (sign in ink) _____ Print Name _____ Date _____

CONTRACTOR _____
Signature (sign in ink) _____ Print Name _____ Date _____



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*****FOR OFFICE USE*****

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 # _____