



**CLARK COUNTY PLANNING & ZONING**  
501 E. COURT AVENUE, ROOM 416  
JEFFERSONVILLE, IN 47130  
P: 812-285-6287  
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## Commercial Location Improvement Application

### Building Information

*Incomplete application will not be processed*

Date \_\_\_\_\_ Project # \_\_\_\_\_

Job Address/  
Parcel ID # : \_\_\_\_\_

Company Name of Tenant: \_\_\_\_\_

Proposed Use of Structure: \_\_\_\_\_

Type of Construction (be specific): \_\_\_\_\_

Square Footage: 1<sup>st</sup> Fl \_\_\_\_\_ 2<sup>nd</sup> Fl \_\_\_\_\_ Total \_\_\_\_\_

#### Size of Proposed Building:

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Grant/Section \_\_\_\_\_

Township \_\_\_\_\_

### Point of Contact Information

**Owner Name** \_\_\_\_\_ Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Contractor Name** \_\_\_\_\_ Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Architect Name** \_\_\_\_\_ Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Structural Engineer** \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Lump Sum Value of Construction (Labor & Materials):**      \$ \_\_\_\_\_

General: \$ \_\_\_\_\_

Electrical: \$ \_\_\_\_\_ Service size: \_\_\_\_\_

Plumbing: \$ \_\_\_\_\_ # of Fixtures: \_\_\_\_\_

HVAC: \$ \_\_\_\_\_ Heat & Air Units and Sizes: \_\_\_\_\_

Fire Protection: \$ \_\_\_\_\_

**Please list sub-contractor information:**

DBA Name \_\_\_\_\_ Clark County License No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior to the issuance of this building permit, it is required a sewer/septic fee receipt be submitted along with the application to our office for approval.**

**Location of Building on Lot:**

Front Setback \_\_\_\_\_ Rear Yard Setback \_\_\_\_\_ Side Yard(s) Setback \_\_\_\_\_

**Sewer/Septic:**

Sewer \_\_\_\_\_ Septic \_\_\_\_\_  
Septic Site Survey Approval # \_\_\_\_\_  
Sewer Tap # \_\_\_\_\_

**Floodplain:**

Is property located in the Flood Hazard area? \_\_\_\_\_  
Firm Map # \_\_\_\_\_

**Zoning** \_\_\_\_\_

I hereby state that the above is correct. I recognize that the approval of plans, issuance of a permit, or subsequent inspection approvals shall not be construed to allow violations of the code or other ordinances or laws enforced by Clark County. I understand that incomplete applications will not be processed. I consent to provide entry to inspectors as set forth in the building code and to request inspections as required. All materials, drawings or documents submitted for this

permit become public record and may be released to the public. By signature below the signatory certifies and declares that he/she is either the Owner or the Authorized Agent of the owner of the property. **If building with a submittal number only, I understand I am responsible for any construction changes as required by the State, as per the CDR and will give a copy of such changes to the Clark County Building Department prior to receiving a Certificate of Occupancy.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE NOTE: WHEN SUBMITTING PLANS TO STATE, PLEASE SUBMIT ALL MECHANICALS, AS WELL AS STRUCTURAL, ARCHITECTURAL, AND FIRE SUPPRESSION FOR REVIEW.**

**Special Conditions:**

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**Sewer Tap Fees Paid**  Yes  No

**Construction Design Release #:**

<b>Required Drawings:</b>				<b>Type of Inspection Required.</b>		
PDF of all Plans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Existing Conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Proposed Conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Electrical Drawings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Plumbing Drawings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
HVAC Drawings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Pre-Inspection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____

Building Commissioner Approv \_\_\_\_\_ Date: \_\_\_\_\_