



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: 1st Fl _____ 2nd 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:

Sewer Tap Fees Paid Yes No

Construction Design Release #:

Required Drawings:				Type of Inspection Required.		
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: _____