Application for Class 1 (Commercial) Structures Permit

1. The general information section must be completed on all applications.
2. If you are constructing a building, the Building Information section must be completed.
3. Complete each section that is applicable to the project.
4. For new buildings all application sections must be completed and submitted by the property owner or the General Contractor.
5. If you are replacing any electrical, plumbing or HVAC in an existing building, please fill out the appropriate section, including the General Information section.

Items required to be filed with the Permit Application:

_____ 1. Class 1 Construction Building Permit Application
_____ 2. Site Plan for the proposed construction (remodel, addition and new) indicating distance from the proposed new building or addition to any other building/structures on the property and the distance to the property lines.
_____ 3. Site plan indicating Accessible parking spaces and the accessible route
_____ 4. 1 set of construction plans drawn to scale and the scale indicated on each page of the plans, pages numbered. Plans submitted shall include information for that portion of the work to be completed for which a permit is requested.
   ______ a. Building (Structural and Architectural)
   ______ b. Mechanical – HVAC units and schedule, refrigeration equipment, ventilation, etc.
   ______ c. Electrical - Generators, transfer switches, signage, etc.
   ______ d. Plumbing - grease traps, back flow prevention, water heaters, etc.
   ______ e. Automatic Fire Suppression – Sprinkler: Wet, Chemical, Dry, Clean-Agent, etc.
   ______ f. Hoods - Type I, Type II, Laboratory, etc.
   ______ g. Storage Tanks - above ground, underground, include information on what is stored in the Tanks
_____ 5. Plans should contain an index sheet and code summary.
_____ 6. 1 set of specifications- Specifications can be included on the plan sheets. (Please make sure the correct/current code references and standards are listed on the plans.)
_____ 7. Energy compliance report (e.g. ComCheck or computer modeling as allowed in Section 5.7 of the Indiana Energy Conservation Code.)
   ______ a. Building Envelope
   ______ b. Mechanical Equipment - HVAC, economizers, water heating, etc.
   ______ c. Interior Electrical - lighting and controls
   ______ d. Exterior lighting
_____ 8. Floodplain Information
   ______ a. FIRM checked
   ______ b. Floodplain Administrator Consulted
   ______ c. Federal, State and Local Special Flood Hazard Areas requirements met
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GENERAL INFORMATION

Date

Site Location (lot number, subdivision and address, if known)

Property Owner (name/principal name if corporation) (telephone number)

Corporation Name (if proposed building will be owned by a company/corporation/LLC, etc.)

Address (if different from site location)

City, State, Zip

General Contractor (name of company and contact name)

General Contractor Contract Information: (address) (city, state & zip) (telephone number & e-mail address)

BUILDING INFORMATION:

Building Type (church, restaurant, office building, school, warehouse, etc…)

Square Footage:

Basement 1st Floor 2nd Floor 3rd Floor

Lot Size:

Lot Width: Lot Depth:
Set Backs:
Front: ____________ Left Side: ____________ Right Side: ____________ Rear: ____________

Electrical:
Electrical Contractor ____________________________________________________________
(name of company and name of contact)

Electrical Contractor Contract Information: ________________________________________
(address)
___________________________________________________________________________
(city, state & zip)
___________________________________________________________________________
(telephone number & e-mail address)

Main Panel Size in Amps: ________ Number of Sub-Panel __________

Single Phase: ____ Three Phase: ______, if Three Phase volts ______

Smoke Alarms: ______ Exit Lights: ____________

Means of Egress (Emergency) Lighting: _________ Range/Oven ____________

Water Heater ____________

Miscellaneous ________________________________________________________________

Plumbing:

Plumbing Contractor ____________________________________________________________
(name of company)

Plumbing Contractor Contract Information: ________________________________________
(address)
___________________________________________________________________________
(city, state & zip)
___________________________________________________________________________
(telephone number & e-mail address)
Please list the number of each of the following:

Water Closets _______ Urinals _______ Lavatories _______ Service/Mop Sinks _______

Eye Wash Station(s) _______ Drinking Fountains: _______ Floor Drains _______

Disposal _______ Kitchen Sink _______ Laundry Tub/Sink _______ Bath Tubs _______

Shower Drains _______ Dish Washer _______ Water Heater _______ Clothes Washer _______

Grease Trap: _______ Oil Separator: _______ Sand interceptors: _______

Other: __________________________________________________________________________

(Please list)

HVAC:

HVAC Contractor ________________________________________________________________

(name of company and contact name)

HVAC Contractor Contract Information: ____________________________________________

(address)

____________________________________________________________________________

(city, state & zip)

____________________________________________________________________________

(telephone number & e-mail address)

Heating:

Type of heat: _______ Size (BTU): _______ Location of heating source: _______

Type of heat: _______ Size (BTU): _______ Location of heating source: _______

Type of heat: _______ Size (BTU): _______ Location of heating source: _______

Air Conditioning:

Size (tons) _______ Location of unit: _______________________

Size (tons) _______ Location of unit: _______________________

Size (tons) _______ Location of unit: _______________________
Commercial Kitchen Hood:

Hood Contractor________________________________________________________
(name of company and contact name)

Hood Contractor Contract Information: _________________________________________
(address)

___________________________________________________________________________
(city, state & zip)

___________________________________________________________________________
(telephone number & e-mail address)

Type I: __________ Type of Fire Suppression System: __________
Type II: __________

Fire Suppression System:

Fire Suppression Contractor_________________________________________________
(name of company and contact name)

Fire Suppression Contractor Contract Information: _______________________________
(address)

___________________________________________________________________________
(city, state & zip)

___________________________________________________________________________
(telephone number & e-mail address)

Type: __________ Classification: __________ Commodity: __________
Number of Heads: _____________ Number of Risers: _____________ Fire Pump: _______
Backflow Prevention: ____________ Number of Standpipes: ___________
Fire Alarm System:

Fire Alarm Contractor ________________________________________________
(name of company and contact name)

Fire Alarm Contractor Contract Information: ___________________________
(address)

_________________________________________________________________
(city, state & zip)

_________________________________________________________________
(telephone number & e-mail address)

Manual: ___________ Automatic: ________________

Notification Devices: Horns: _____________ Strobes: ________________

Miscellaneous:

Description of work: _______________________________________________
_________________________________________________________________
_________________________________________________________________
(remodel, addition, pool, roof, etc.)

Floodplain:

Floodplain □ Yes □ No  FIRM Map used _____________________________
APPLICANT AFFIDAVIT  This affidavit is required for all applications.

Under the penalty of Perjury, I, the undersigned, warrant that:

(1) I am authorized to execute this affidavit on behalf of the applicant.

(2) Each controlling person of the application is at least 18 years of age.

(3) The applicant and each controlling person of the application are financially solvent.

(4) All information, certifications and statements contained in the attached application are true, accurate and complete as of the date furnished to the City of Rushville.

(5) (a) Neither the applicant nor any controlling person has ever been convicted, is in custody, is under parole or under any other non-custodial supervision resulting from a conviction in a court of any jurisdiction for the commission of a felony or criminal offense of whatever degree involving bribery; or

(b) If so, the details surrounding each conviction are provided in a separate attachment submitted with this affidavit.

__________________________________________  __________________________
Printed Name of Applicant                      Date

__________________________________________  __________________________
Signature of Applicant                          Date

Permit #___________ Receipt #___________ Fee_________