



# Delaware County Floodplain Permit Application

Building Commissioner

100 W Main Street, Room 206

Muncie, IN 47305

(765)747-7799

Fax(765)747-7744

Permit #
Date Issued:

Please Print

Application Date:	Sidwell #	Township:		
Property Address (Leave blank if new):				
Property Owner:			Telephone:	
Owner Address:				
Property Size:	Zoning:	Flood Zone:	Driveway: <input type="radio"/> -New <input type="radio"/> -Existing	
Lowest Proposed Floor Elevation:		Floodproofing Elevation:		<input type="radio"/> -Elevation Certification Rec.
Required Setbacks:	Front:	Rear:	Sides:	Owner Email:

<input type="radio"/> -Residential	<input type="radio"/> -Commercial	<input type="radio"/> -Agricultural	State release required: <input type="radio"/> -No <input type="radio"/> -Yes		Staked Off: <input type="radio"/> -No <input type="radio"/> -Yes	
<input type="radio"/> -Primary Structure		<input type="radio"/> - Accessory Structure		Used for:		
<input type="radio"/> -Mobile Home <input type="radio"/> -Modular Home <input type="radio"/> -Manufactured Home			<input type="radio"/> -Permanent	<input type="radio"/> -Temporary	Year Manufactured:	
Basement Area sq/ft:		Job Description:				
1st Floor Area sq/ft:						
2nd Floor Area sq.ft:		Estimated Cost:	Total Rooms:	Total Baths:	Total HVAC Units:	
Garage Area sq/ft:		<input type="radio"/> -Site Plan Submitted (required)		<input type="radio"/> -IDEM Rule 5 Plan Submitted <input type="radio"/> -Not Req.		
Barn Area sq/ft:		<input type="radio"/> -Building Plan Submitted (required)		<input type="radio"/> -State Plan Release Received <input type="radio"/> -Not Req.		
Remodel Area sq/ft:		<input type="radio"/> -Septic Plan Submitted <input type="radio"/> -Not Req.		<input type="radio"/> -Energy Ratings Submitted <input type="radio"/> -Not Req.		
Total Floor Area sq/ft:		<input type="radio"/> - DNR Approval Received (required)				

Building Permit	\$	Permit #	General Contractor:		
Certificate of Occup.	\$		Phone:	Cell:	Reg#
Electrical Permit	\$		Electric Contractor: Reg#		
Plumbing Permit	\$		Plumbing Contractor: Reg#		
HVAC Permit	\$		HVAC Contractor: Reg#		
Total Permit Fees	\$	Date Paid:	CH/CA/CC	Receipt#	

Applicant Signature:			Date:
Address to mail permit:			
	City:	State:	Zip:
Board of Health Approval:			Date:
Sanitary Utility or Septic System Approval:			Date:
County Surveyor Drain Clearance Approval:			Date:
County Engineer Driveway Approval:			Date:
Building Commissioner Approval:			Date:

Construction must start within 180 days of approval. Building permits are good for 1 year but may be extended by appeal. The fine for starting without a permit is \$700