



Delaware County Building/Zoning Permit Application

Building Commissioner
 100 W Main St, Room 206
 Muncie, IN 47305

Phone (765)747-7799

PLEASE PRINT

Permit#
Date Issued:

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	
Required Setbacks:	Front:	Rear:	Sides:	Owner Email:

Project Type: <input type="radio"/> -Residential <input type="radio"/> -Commercial	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		
<input type="radio"/> -Mobile Home <input type="radio"/> -ModularHome <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:	Used For:	
2nd Floor Area sq/ft:	Estimated Cost:	Total Rooms: Total Baths: Total HVAC Units:
Garage/Barn Area sq/ft:	<input type="radio"/> -Site Plan Submitted (required)	<input type="radio"/> -IDEM Rule 5 Plan Submitted <input type="radio"/> -Not Req.
Covered Porch 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"/> -SWPPP <input type="radio"/> -Not Req.	

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

Applicant Signature:			Date:
Address to mail permit:			
OR	City:	State:	Zip:
Email Address:			
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:	