



Floyd County
Department of Building & Development Services
2524 Corydon Pike Suite 203
New Albany, IN 47150
Phone: (812) 981-7611
Fax: (812) 948-4744
Building@floydcounty.in.gov

Checklist for Commercial Building Permit Application

The following materials shall be submitted and reviewed by the Floyd County Department of Building & Development Services PRIOR to the approval of a residential building permit. If any of the materials are absent, the building permit WILL NOT BE ISSUED until all required materials are submitted.

- Complete Application Form**
- Health Department Approval or Sewer Tap-in Receipt**
- Site Plan Drawn by a Licensed Surveyor or Engineer Detailing:**
 - All Property lines & streets
 - Location and size of all existing and proposed structures
 - Setback distances from proposed structure to property lines and County right-of-way
 - The location of all existing and proposed driveways
 - The location of all drainage, utility, and road easements located on the property
 - Arrows indicating direction of post-construction water drainage
 - North arrow
- Copy of Recorded Deed or Purchase Contract**
- Building Plans with Seal of a Design Professional Licensed in State of Indiana Detailing:**
 - Elevations (front, back, both sides)
 - Wall Section (cross-section), Stairway Detail, Deck Construction Details (if applicable)
 - Door and window detail
 - Foundation Plan
 - Floor Plans for each level of building
- A copy of the Construction Design Release (CDR) issued by IDHS**
- Manufacturers Engineering Specification Sheets for All Engineered Materials:**
 - Roof/Floor trusses, engineered beams (LVL, LSL, Steel), or any other material that is engineered
 - Must be provided by manufacturer or a design professional licensed in State of Indiana



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Commercial Building Permit Application

New Commercial Structure, Addition to Existing Commercial Structure, New Commercial Accessory Structure, Commercial Rehab

Applicant/Owner Information

Applicant: _____ Date: _____

Phone: _____ Email: _____

Project Address: _____

Street Address *City* *ZIP Code*

Tax ID or Parcel No. (If available) *Subdivision Name and Section (if applicable)* *Lot Number*

Property Owner: _____ Telephone: _____

Name

Address: _____

Street Address *City* *State* *ZIP Code*

Project Information

New Commercial Structure or Addition to Existing Commercial Structure

New Commercial Accessory Structure or Addition to Existing Accessory Structure

Commercial Rehab (Renovation/Rehabilitation to Existing Commercial Structure; Rehab Existing Tenant Space or finish a New Space)

Scope of Work: _____

Is proposed work located in a FEMA Mapped Floodzone? Yes ___ No ___ If YES, FIRM Date and MAP _____

Electrical Service (*Harrison or Clark REMC, Duke*): _____ Water Utility Provider: _____

Contractor Information

<p>General Contractor: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Electrical: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p>Plumbing: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>License #: _____</p>	<p>Mechanical/ HVAC: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p>Energy Rating Company: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	



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Square Footage

Square Footage of Project: (In additions/rehabilitations, this pertains ONLY to the scope of work included in this project)

Square Footage Totals:	Ground Level SQFT	Second level SQFT	Total

Est. Cost of Project

Disclaimer and Signature

The plans which have been furnished to Floyd County Plan Commission are a basis upon which Floyd County is entitled to act in issuing or revoking any permit or certificate of compliance. The plan(s) are incorporated, by reference, into this application. If there is any misrepresentation in this application or any associated documents, Floyd County may revoke any permit or Certificate of Occupancy issued in reliance upon such representation. I agree to comply with all Floyd County Ordinances, permit conditions, and State statutes which regulate the building and construction, use, occupancy, and site development, and grant Floyd County Officials the right to enter onto the property for the purpose of inspecting work related to this permit and/or posting any notices deemed necessary. I understand that, should I fail to have work ready for inspection and a reinspection is deemed necessary, a reinspection fee of \$120 may be assessed. Spec sheets for all engineered materials are required to be on site during times of construction for inspector reference. Failure to do so may result in a delay in your inspection process.

As the applicant for a building permit, I understand that I am required to request all inspections before a building can be occupied. Under Floyd County Zoning Ordinance 2006-6, it is unlawful to occupy a building until a Certificate of Occupancy has been issued by the Floyd County Building Commissioner. There are no exceptions to this rule. Under the terms of the Ordinance, I have an obligation to obtain a Certificate of Occupancy. I further acknowledge that I may be fined in accordance with Floyd County Zoning Ordinance 2006-6 in the event that I fail to comply with this requirement. I acknowledge that it is my obligation to inform the occupant of the structure if a Certification of Occupancy has not been issued, or if any outstanding code violations exist. I acknowledge my obligation to obtain a Certificate of Occupancy under Floyd County Zoning Ordinance 2006-6, and understand that I have an obligation to advise any potential occupant of my failure to have final inspection completed and/or have a Certificate of Occupancy issued.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Fee Schedule

Residential

Single Family or Two Family Dwelling (excluding garage, attic areas, etc.)	\$200 base fee plus \$.15 per square foot of floor area
Multi-Family Dwelling	\$300 per unit
Accessory Structures Detached Garage	\$40 minimum or \$.15 per square foot of floor area
Accessory Structures Attached Garage	\$100 minimum or \$.15 per square foot of floor area
Additions	\$55 base fee plus \$.15 per square foot of floor area
Interior Remodel	\$40 base fee plus \$.15 per square foot of floor area
Swimming Pool	\$250
Temporary Mobile Home	\$155 first two years \$300 per year after first two years

Commercial and Industrial

Commercial and Industrial Structures	\$530 base fee plus \$.15 per square foot of floor area
Interior Remodel	\$110 base fee plus \$.15 per square foot of floor area
Accessory Structures and Additions	\$150 minimum plus \$.15 per square foot of floor area

Other Structure Fees and Fines

Change in Electrical Service	\$60
Parking Structure	\$15 per parking space
Re-Inspection	\$75 Residential \$180 Commercial/Industrial
Early Bird Fine (Start of construction prior to permit issuance)	Twice the amount of permit
Variance Fine (construction did occur as per approved site plan)	Five times the cost of the permit plus the cost of the variance
Zoning Code Violations	\$75 per day per violation

Compliance with IC 22-11-21

Firefighter Safety Notification

(effective 7/1/18)

LOCATION:

Street Address: _____ County: _____

Type of Structure: _____ Township: _____

LOT #: _____ Subdivision: _____

*** This applies to Class 1 or Class 2 structures.

Floyd County is required to notify local fire departments and local 911 call centers when "advanced structural components" (lightweight I-joists or lightweight roof trusses) are utilized in the construction of Class 1 or Class 2 structures. "Advanced structural components" are defined as:

- (1) Have less mass cross-sectional area than sawn lumber of equivalent proportions used in an equivalent application; and
- (2) Are assembled from combustible or noncombustible materials, or both.

Location of Advanced Structural Components:

Floor Type of Advanced Structural Component: _____

Roof Type of Advanced Structural Component: _____

Both Type of Advanced Structural Component: _____

None

Completed by:

Signature Date ____/____/____

Print Name Title _____

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STAFF REVIEW FORM

DEPARTMENT USE ONLY

Received by: _____ Date Received: _____ Time Received: _____

Application # _____ Permit # _____

Applicant Name: _____ **Parcel Number:** _____

Address: _____ **Subdivision/Lot #:** _____

- Complete Application
- Site Plan
- Health Department/Sewer Tap-In Receipt (FCHD Permit #/Receipt # _____)
- Building Plans
- Firefighter Safety Notification IC-22-11-21 Form

Development Standards Review

Zone District: _____ Type of Structure: _____

Minimum Setbacks Required: Front: _____ Side: _____ Rear: _____

Actual Setbacks: Front: _____ Side: _____ Rear: _____

Setbacks Met: Yes/ No

Is Accessory Subordinate to Primary Structure? _____

Minimum Ground Floor Area: _____ Met? Yes/No

Maximum Height: _____ Met? Yes/No Lot Coverage % _____

Located in Flood Zone? Yes/No Located in Steep Slope District? Yes/No

Located in Easement? Yes/No _____

Plan Commission/BZA Approval Needed: Yes/No

Previous Board Action: Docket #: _____ Approval Date: _____

Signature of Staff: _____ Date: _____

Fee Calculation

Base Fee: _____

Garage: _____

_____ Total Sq. Ft. x \$0.10 = \$ _____

Total Due: \$ _____

Additional Comments:

Development Standards Review Date: _____

Building Plans Review Date: _____

Approval Date: _____