

# Town of Wheatfield Building Permit

Please Print Clearly And Complete All Sections

JOB ADDRESS				
SUBDIVISION NAME		LOT NUMBER	ZONE CLASSIFICATION	
APPLICANT	ADDRESS	CITY/STATE	PHONE	CELL
OWNER	ADDRESS	CITY/STATE	PHONE	CELL
CONTRACTOR	ADDRESS	CITY/STATE	PHONE	CELL
LENDER	ADDRESS	CITY/STATE	PHONE	

USE OF BUILDING \_\_\_\_\_

IS THE JOB SITE LOCATED IN A FLOOD HAZARD AREA ? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, LIST THE LOWEST FLOOR ELEVATION OF THE STRUCTURE \_\_\_\_\_

DESCRIBE WORK \_\_\_\_\_

VALUATION OF WORK	PERMIT FEE	PERMIT NUMBER
I understand that I will be personally liable for a fine not to exceed \$300.00 (three hundred) dollar per day someone occupies the premises/ structure before an Occupancy permit is issued.	INSURANCE CERTIFICATES	SEWER ACCT CURRENT _____ ACCT BAL _____
		<b>SEWER ACCT HOOKUP FEE</b>
	APPROVED BY _____	DATE _____

I herby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or law or regulation construction or the performance of construction. The undersigned agree that any construction, reconstruction enlargement, relocation or alteration of structures, or any change in use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and Ordinances of the Town of Wheatfield. I am also aware and agree to the Town of Wheatfield utility billing for sewer, trash and administrative fees to begin at the time of connection.

	Date	Completed	Inspector
	Initials		
SITE			
FOOTING			
BACKFILL			
ELEC SERV			
FRAME			
* ELEC TRIC			
PLUMBING			
MECHANICAL			
WATER TEST	Satisfactory	Faxed to Health	Faxed to Assessor
DRILLING			
SEWER/SEPTIC			
Curb			
Final			
Final			
Final			

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

# Town of Wheatfield

## Building Permit

### Certificate of Liability Contractor Listing

*Certificate holder must list*

*Town of Wheatfield  
170 Grace Street  
Wheatfield, IN 46392*

*Office Use  
Only*

	Name	Cell Number	Expiration Date
General Contractor			
Framing Sub-Contractor			
Electrical Sub-Contractor			
HVAC Sub-Contractor			
Plumbing Sub-Contractor			
Plumbing State License Number			