

CITY OF MICHIGAN CITY, INDIANA

100 E. Michigan Blvd. Michigan City, IN 46360
(219) 873-1415 – fax (219) 873-1580

**CLASS 1 STRUCTURE
APPLICATION FOR COMBINED BUILDING PERMIT AND
IMPROVEMENT LOCATION PERMIT**

DATE OF APPLICATION _____ JOB NAME _____

ADDRESS _____

HISTORIC DISTRICTS Washington St. District Franklin St. District Elston Grove District

If your property is located in a Historic District, a “ Certificate of Appropriateness “ must be obtained for any exterior work before a building permit application can be processed.

Construction Design Release (CDR) included with application? _____

<p>Submitted Plans include: <input type="checkbox"/> Lightweight Roof Trusses</p> <p><input type="checkbox"/> Lightweight I joists Second Floor <input type="checkbox"/> Lightweight I joists First Floor</p> <p>I, _____ (printed name) verify that the information provided is true and correct to the best of my knowledge. _____</p>
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PLANS REQUIRED: SITE PLANS - CONSTRUCTION PLANS

Site Plan - Floor plans – Section Dwg. – Structural Dwg. – Fire and Life Safety Plans – Electrical Dwg. - Mechanical Dwg. – Plumbing Dwg. – COMcheck – Landscaping Dwg. – Truss Specifications

**** Important Notes ** All construction activity shall be subject to the building permit and inspection requirements of the Building Code, in addition to the improvement location requirements of this ordinance.**

Energy Conservation Study (COMcheck) Must be submitted for: • New Commercial Projects • Commercial Additions • Commercial Remodels • Pole Construction • Garage/Storage Buildings

Description of work (Check boxes) : New Commercial Commercial Addition Commercial Remodel
 Pole Construction Garage/Storage Building Swimming Pool

Description of other work : _____

A BUILDING PERMIT DOES NOT INCLUDE: Electrical, Mechanical, Plumbing, and/or Sign Placement Permits. (Separate permits are required for each.)

Estimated Cost of Construction: _____

OWNER'S INFORMATION:

Owner's Name _____

Owner's Mailing Address _____

Owner's Telephone # _____

CONTRACTOR INFORMATION:

Contractor's Name _____

Contractor's Company Name _____

Contractor's Email _____

Contractor's Address _____

Contractor's Telephone # _____

SEPARATE PERMITS to be obtained for the following:

Electrical work to be done by: _____

HVAC work to be done by: _____

Plumbing work to be done by: _____

M S 4 work to be done by: _____

Storm Water work to be done by: _____

The applicant affirms that said building when construction is completed will be as herein described and further, that construction has not started as of this date.

Please note that City setback requirements are minimum requirements. Individual covenants or deed restrictions may contain requirements that are more restrictive.

SIGNED: _____

Applicant

DEPARTMENT APPROVALS

Zoning District _____

Flood Plain _____

Historic District _____

Sanitary Official _____

Date _____

Zoning Administrator

Date _____

Building Official

Date _____

PERMIT FEE _____

PERMIT # _____

CASH – CHECK # _____

ISSUE DATE _____

RECEIPT # _____

Received By _____