



Community Development Services  
 Planning Division  
 City of Greenwood  
 300 South Madison Avenue  
 Greenwood, IN 46142  
 (317) 887-5230  
 (317) 887-5616 fax

**COMMERCIAL**  


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**ACCESSORY STRUCTURES**  
  
**STRUCTURES OTHER THAN BUILDINGS**

**PERMIT APPLICATION REQUIREMENTS**

**5-10 Business Day Review Time**  
**WE DO NOT OFFER ANY KIND OF EXPEDITING**

Review Time does not begin until we receive a complete Application Packet which includes:

- Application Form**
  - Site Plan showing location of structure with distances**
  - 1 set of construction plans**
  - Impervious Surface Area Change Form**
- NO FEES ARE DUE OR WILL BE ACCEPTED AT TIME OF APPLICATION**

You will be notified immediately if your application submittal is incomplete.

| <b>FEES DUE AT TIME OF PERMIT ISSUANCE</b> |  |
|--|--|
| Accessory Building                         | \$150 plus \$0.05 per square foot, minimum \$200 |
| General Other Structure                    | \$100  |
| Communications Towers                      | \$150 plus \$1 per lineal feet of height         |

| <b>INSPECTIONS</b>  |  |
|---|--|
| <i>The permit holder is required to call in for all applicable inspections.</i> |  |
| <b>Footing</b>  | Must be open trench.   |
| <b>Slab</b>   | Plumbing installed before covering.<br>Electric installed before covering. |
| <b>ALL INSTALLED FOR VIEWING BEFORE DRYWALL</b>                                 |  |
| <b>Rough-Ins</b>  | Heating/Cooling<br>Plumbing<br>Electric<br>Framing                         |
| <b>Final</b>  | Finished product   |



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**CONTACTS**

|   |  |                |
|---|--|----------------|
| <b>Planning Division,<br/>         Office of the Building<br/>         Commissioner:</b>            | Lowell Weber, Building Commissioner<br>Tony Magnabosco, Plan Reviewer and Building Inspector<br>Aaron Crute, Plan Reviewer and Building Inspector<br>Peggy Deer, Administrative Assistant<br><br>Website: <a href="http://www.greenwood.in.gov">www.greenwood.in.gov</a> | (317) 887-5230 |
| <b>Greenwood Fire Department:</b>   | Rodney Johnson<br>Tracy Rumble<br>Bryan Brown  | (317) 882-2599 |
| <b>White River Township Fire<br/>         Dept</b>  | Mike Arany<br>Matt Partain   | (317) 888-8337 |
| <b>Johnson County Health Dept:</b><br>Food Services Plan Review and<br>Inspection                   | Elizabeth Schultz  | (317) 346-4373 |
|   | Chris Menze  | (317) 346-4375 |
| <b>Indiana Department of<br/>         Homeland Security</b><br>State Construction Design<br>Release | Dave Moses<br>Bonnie Robison   | (317) 232-6422 |
|   | Web Site: <a href="http://www.in.gov/dhs/3658.htm">http://www.in.gov/dhs/3658.htm</a><br><br>Email: <a href="mailto:planreview@dhs.in.gov">planreview@dhs.in.gov</a>   |                |



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**APPLICATION FOR  
 BUILDING PERMIT**

**PERMIT NO.:** \_\_\_\_\_

Application is hereby made for a permit to improve premises as described herein as shown in the accompanying **plans and specifications**, which improvement is to be located as shown on the accompanying **plot plan**. The information which follows and the accompanying plans, specifications and other information with the representations therein contained, are made a part of this application in reliance upon which the Planning Commission of the City of Greenwood is requested to issue a location improvement permit.

It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Planning Commission shall constitute sufficient ground for the revocation of this permit.

All building construction work, alterations, repairs, or mechanical installations and appliances connected therewith and other work necessary to complete the following improvement, shall comply with the State Building Rules and Regulations, local ordinances and such other statutory provisions pertaining to this class of work, and such rules, regulations, ordinances and provisions shall be considered a part of specifications, whether specified herein or not.

1) Date of Application \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Issued \_\_\_\_\_

2) Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

3) Business Name at Project Address (if applicable) \_\_\_\_\_

4) Address of Project \_\_\_\_\_  
 Lot Number \_\_\_\_\_ in \_\_\_\_\_ Subdivision

5) Kind of Building Permit **COACC** – Accessory Building  
 (circle one) **SOTBC** – Structure other than Building

|                     |                |
|---------------------|----------------|
|                     | Staff Use      |
| <b>PERMIT FEE</b>   | \$ _____       |
| <b>TECH FEE (1)</b> | <b>\$10.00</b> |
| <b>TOTAL FEE</b>    | \$ _____       |

6) Size of Structure \_\_\_\_\_ TOTAL sq. ft.

7) Approximate Price of Project \$ \_\_\_\_\_

8) Name and address of building contractor (If applicable):  
 \_\_\_\_\_

9) Contact Person (if different than applicant): \_\_\_\_\_  
 Phone Numbers: Home or Office \_\_\_\_\_ Cell \_\_\_\_\_

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF BUILDING COMMISSIONER: \_\_\_\_\_  
 (or designated representative)

| TO BE COMPLETED BY BUILDING DIVISION STAFF           |                |              |   |           |          |
|--|----------------|--------------|---|-----------|----------|
| Airspace Zone?                                       | _____ Yes      | _____ No     | Is Property in Floodway?  | _____ Yes | _____ No |
| Eastside TIF Area?                                   | _____ Yes      | _____ No     | Is Property in Floodway Fringe?                                     | _____ Yes | _____ No |
| US 31/Fry TIF Area?                                  | _____ Yes      | _____ No     | Is Building in Floodway/Fringe?                                     | _____ Yes | _____ No |
| Parcel No. 41- _____ - _____ - _____ - _____ - _____ |                |              | If yes, please provide:<br>Applicable Flood Protection Grade: _____ |           |          |
| School: _____  | Library: _____ | WRTFD: _____ | Proposed Finished Floor Elevation: _____                            |           |          |



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## PLAN AUTHENTICATION AGREEMENT

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

As the person eligible and responsible for obtaining a permit or permits as required in Section 10-130 of the City of Greenwood Municipal Code, and based upon information contained within these plans, I certify that these plans are identical to those released for construction by the Indiana Department of Homeland Security, Division of Fire Safety/Plan Review. I also understand that if it is determined that these plans are not identical, all permits obtained from the City of Greenwood as a result of their submittal will be considered to be in violation of Section 10-130 of the City of Greenwood Municipal Code.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



Engineering Division  
 Community Development Services  
 City of Greenwood  
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**APPLICATION FOR  
 SEWER AVAILABILITY FEE (SAF)**

**(Required for new homes and ALL commercial projects)**

|                            |   |                     |  |               |  |
|----------------------------|---|---------------------|--|---------------|--|
| <b>NAME OF PROJECT</b>     |   |                     |  |               |  |
| <b>CONTRACTOR</b>          |   |                     |  |               |  |
| <b>CONTACT PERSON:</b>     |   |                     |  |               |  |
| <b>PHONE NUMBER(S):</b>    |   |                     |  |               |  |
| <b>SUBJECT PROPERTY:</b>   |   |                     |  |               |  |
| <b>SUBDIVISION:</b>        |   |                     |  |               |  |
| <b>LOT NO.:</b>            |   | <b>SECTION NO.:</b> |  | <b>SUITE:</b> |  |
| <b>TOWNSHIP :</b>          | (circle one) <b>PLEASANT</b> <b>WHITE RIVER</b>                     |                     |  |               |  |
| <b>TYPE OF CONNECTION:</b> | (circle one) <b>RESIDENTIAL</b> <b>COMMERCIAL</b> <b>INDUSTRIAL</b> |                     |  |               |  |



**City of Greenwood Department of Stormwater Management**

300 South Madison Ave, Greenwood, IN 46142

voice (317) 887-4711 fax (317) 887-5616

**Impervious Surface Area Change Form**

**Physical Property Location:**

Premise Address \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

Premise Phone Number \_\_\_\_\_

**Owner Contact Information:**

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Phone Number \_\_\_\_\_

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Definition of Impervious Surface Area: Hard surface area that collects and concentrates run-off from a property or parcel of land.

Impervious surface area includes:

- a. Asphalt and concrete roadways, driveways and parking and storage areas
- b. Compacted gravel roadways, driveways and parking and storage areas
- c. Rooftops, sidewalks, patio areas and pool decks
- d. Other areas as deemed necessary and approved by the Board

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**Internal Use Only**

Previous Impervious Surface Area (square feet) \_\_\_\_\_

Change of Impervious Surface Area (square feet) \_\_\_\_\_

Increase or Decrease (circle one)

Total Impervious Surface Area (square feet) \_\_\_\_\_

Reason for change (Permit # or) \_\_\_\_\_

Original to Department of Stormwater Management

Stormwater Management to deliver to Finance

Changes Made on (date) \_\_\_\_\_