



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

***NEW SINGLE-FAMILY
 OR
 NEW TWO-FAMILY
 RESIDENTIAL***

PERMIT APPLICATION REQUIREMENTS

**5-7 Business Day Review Time
 WE DO NOT OFFER ANY KIND OF EXPEDITING
 NO FEES ARE DUE OR WILL BE ACCEPTED AT TIME OF APPLICATION**

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

- If filing on paper:
- Application Forms
 - 4 Copies of Plot Plan
 - 2 Copies of Erosion and Sediment Control Plan
 - 1 set of construction plans
 - 1 set of truss drawings including layout plan
 - Information on meeting Energy Code Requirements (Energy Certificate)

If you would like to file by email, please send one copy of each of the above items to building@greenwood.in.gov. You will receive a confirmation letting you know if we have received all items required to start review.

FEES DUE AT TIME OF PERMIT ISSUANCE		
Building Permit Fee	Single-Family	\$350 base fee plus \$0.02 per square foot
	Two-Family	\$450 base fee plus \$0.02 per square foot
Park Impact Fee	Single-Family	\$1,234.94
	Two-Family	\$1,173.20 per unit = \$2,346.40
Sewer Connection Permit Fee	Single-Family	\$835 (based on either a 3/4" or 5/8" water meter)
	Two-Family	\$1,670 (based on either a 3/4" or 5/8" water meter for each side)
Sewer Availability Fee	Single-Family	Varies - To be figured upon application.
	Two-Family	
Erosion and Sediment Control Permit Fee	CURRENTLY NO CHARGE	



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**APPLICATION FOR
 BUILDING PERMIT**

PERMIT NO.: _____

DATE OF APPLICATION _____ **Date Approved** _____ **Date Issued** _____

LOCATION TO BE IMPROVED Address: _____

Lot Number _____ in _____ Subdivision, Section _____

Lot Size _____ sf

TYPE OF IMPROVEMENT **SFDN** – New Single-Family Home
 (check one) **DBLN** – New Two-Family Home

	Staff Use
PERMIT FEE	\$ _____
SFDN TECH FEE (1)	\$10.00
DBLN TECH FEE (3)	\$25.00
TOTAL FEE	\$ _____

APPLICANT Name: _____ Phone _____
 Address: _____
 Email: _____

OWNER Name: _____ Phone _____
 (if different than above) Address: _____

CONTRACTOR Name: _____ Phone _____
 (if different than above) Address: _____
 Email: _____

ON-SITE CONTACT PERSON Name: _____ Phone: _____

APPROXIMATE SALE PRICE OF HOME(S) (including lot) \$ _____

SIZE(S) OF WATER METER(S) TO BE INSTALLED
 Unit 1: 3/4" 5/8"
 Unit 2: 3/4" 5/8"

NUMBER OF STORIES Unit 1: Single Two Unit 2: Single Two

TYPE OF FOUNDATION Unit 1: Crawl Slab Finished Basement
 Partial Finished Basement Unfinished Basement
 Unit 2: Crawl Slab Finished Basement
 Partial Finished Basement Unfinished Basement



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APPLICATION FOR BUILDING PERMIT
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ENERGY CODE REQUIREMENTS MET BY _____

Prescription Path

Performance Path

TYPE OF SIDING MATERIAL: _____ If vinyl, what is thickness? _____ inch
 If using a type of lap siding, what is width of exposed board face? _____ inches

TYPE OF ROOFING MATERIAL: _____

HOME SQUARE FOOTAGES

	Unit 1	Unit 2
1 ST Floor Living Area	_____	_____
2 nd Floor Living Area	_____	_____
Finished Basement Area	_____	_____
Total Living Area	_____	_____
Garage Area	_____	_____
Other Area Under Roof	_____	_____
Total Square Feet	_____	_____

TRAINED INDIVIDUAL IN CHARGE OF THE MANDATORY STORMWATER POLLUTION PREVENTION PROGRAM

Name: _____ Phone _____

Address: _____

List of Qualifications: _____

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 and any applicable sewer permits.

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.

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)