



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

COMMERCIAL SWIMMING POOLS

PERMIT APPLICATION REQUIREMENTS

**10-15 Business Day Review Time for commercial
 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**
 - 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.

The **Site Plan** should show the location and dimensions of the structure you are proposing and the distances of that structure from property lines and other structures.

NO STRUCTURE MAY BE PLACED IN A DRAINAGE UTILITY EASEMENT WITHOUT PERMISSION FROM THE BOARD OF PUBLIC WORKS AND SAFETY.

FEES DUE AT TIME OF PERMIT ISSUANCE	
Commercial or Public – less than 700 square feet	\$200
Commercial or Public – 700 to 1,500 square feet	\$300
Commercial or Public – greater than 1,500 square feet	\$400

INSPECTIONS	
<i>The permit holder is required to call in for all applicable inspections.</i>	
Erosion Control	Silt fence installed.
Rough-Ins	Plumbing installed before backfilling. Electric installed before backfilling.
Final	Finished product



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CONTACTS

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



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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) Address of Location to be Improved _____
 Lot Number _____ in _____ Subdivision

4) Kind of Building Permit - **SWIMC** – Commercial or Public Pool

5) Number of pools: _____

6) **Size(s):** _____

Staff Use	
PERMIT FEE	\$ _____
TECH FEE (1)	\$10.00
TOTAL FEE	\$ _____

7) **Pump Information:** Make/Model _____ Horse Power _____ Voltage _____
 Make/Model _____ Horse Power _____ Voltage _____
 Make/Model _____ Horse Power _____ Voltage _____

8) Approximate Price of Project \$ _____

9) Name, address, and phone number of contractor (If applicable):

 Contact Person: _____ Phone: _____

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- _____ - _____ - _____ - _____ . _____ - _____		School: _____		Library: _____	WRTFD: _____



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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)

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



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 _____

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

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) _____