

# City Of Logansport

601 E Broadway  
Logansport, IN 46947  
[www.cityoflogansport.org](http://www.cityoflogansport.org)

Building Department

## Building Permit / Improvement Location Permit Application

Project location				Township	
Parcel #				Call Back Number	
Deeded Owner	Name/Entity				
	Address				
	City/State/Zip				
Applicant	Name				
	Role	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			
	Address				
	City/State/Zip		Phone		
Contractor	Name				
	Primary Contact				
	Phone				
Permit Type	<input type="checkbox"/> Roofing <input type="checkbox"/> Roofing w/ Frame Alterations <input type="checkbox"/> Interior Renovations/Remodel <input type="checkbox"/> Windows <input type="checkbox"/> Shed <input type="checkbox"/> Exterior Renovation/Remodel <input type="checkbox"/> Sign Alterations <input type="checkbox"/> New Sign <input type="checkbox"/> New Driveway, Patio, or Deck <input type="checkbox"/> Driveway, Patio, or Deck replacement or Repair (not changing square footage) <input type="checkbox"/> Fence <input type="checkbox"/> New Construction Please explain: _____ <input type="checkbox"/> Other Please explain: _____				
Primary Use	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Public/Semi-Public <input type="checkbox"/> Agricultural			Estimated Completion Date:	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rental			Total Cost:	
	Description Of Project				
Type of Materials Being used				Foundation Type:	
Project Dimensions	L:	W:	H:	Total Square Feet:	
Property line Set back	Front:		Side:	Side:	Rear:
Deeded Owner/ Authorized Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will submit separate letter of consent)				

The undersigned certifies that all construction requested by this application will comply with all City, State, and Federal regulations, that the project will conform to the site plan and application presented or legal action may be taken. I acknowledge inspections are required, 811 must be called before digging, and that a Certificate of Occupancy must be issued before the structure and/or land may not be occupied. I hereby swear that all information on this application is true and accurate. **I CERTIFY THAT I AM THE DEEDED OWNER OR HIRED CONTRACTOR OF THE REAL ESTATE PROPERTY FOR WHICH THIS APPLICATION PERTAINS.**

Applicant Name				Date	
Signature					

Call 811 at least 48 hours before digging!!

# Senate Enrolled ACT No. 393: Fire Safety Notification

<b>Requirements</b>	Class 1 or 2 structure
	Permits issued after 8/31/2018
	Reporting use of Advanced Structural Components (lightweight I-joist or roof trusses)

City of Logansport, Indiana 393	New Structure
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<b>Property Address:</b>	
<b>Township:</b>	<input type="checkbox"/> Eel <input type="checkbox"/> Washington <input type="checkbox"/> Clay <input type="checkbox"/> Noble <input type="checkbox"/> Clinton
<b>Please Check One:</b>	<input type="checkbox"/> I am NOT using any Advanced Structural Components <input type="checkbox"/> I WILL be using Advanced Structural Components
<b>Please Check all that apply:</b>	<input type="checkbox"/> Lightweight I-joists, 1 <sup>st</sup> Floor <input type="checkbox"/> Lightweight I-joists, 2 <sup>nd</sup> floor <input type="checkbox"/> Floor Truss <input type="checkbox"/> Light weight Roof Truss <input type="checkbox"/> Floor Truss Other: _____

I, \_\_\_\_\_, (printed name) verify the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF									
Zoning Class	Does the project conform to this zoning classification?				Yes	No			
Flood Zone	Elevation Certificate Required?				Yes	No			
Is a confined feed operation within 1320 feet?	Yes	No							
Within an Overlay District?	Airport	Downtown	Gateway	Riverfront	Grissom				
Does it require: <input type="checkbox"/> Health Dept# <input type="checkbox"/> Curb Cut Permit <input type="checkbox"/> LMU									
Approved:		Denied:		Date:	Signature:				
NOTES:									
Building Permit Fee:					ILP Permit Fee:				
Total Permit Fee:				ILP #:			Receipt #:		