

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

Permit Check List

Please Read and Complete All Forms. Applications will NOT be reviewed until all of the proper documents are submitted.

The following information is *Required* in order to obtain a building permit from the City of Crawfordsville.

_____ Complete Application for city file

_____ Complete Subcontractor listing for city file

_____ Storm Water Review Application

*****Project and Driveway MUST be staked out prior to applying for a Storm Water Review*****

_____ Site Plan demonstrating the following:

- _____ Lot size and boundaries
- _____ Location of the dwelling
- _____ Location of well and septic system (*if applicable*)
- _____ Location of other buildings
- _____ Location of any streams or ponds
- _____ Location of easements and right-of-ways
- _____ Location in a subdivision (*if applicable*)

_____ Floor plan of all floors, including basement (*if applicable*), and a typical wall section view

Please note that certain types of construction may require plans that are stamped by an architect or professional engineer

_____ Any additional applications if necessary (i.e.: demolition, address designation, sign permit application)

_____ Septic permit from the Montgomery County Health Department (*if applicable*)

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PERMIT NO:

Change of Occupancy Permit Application

Date: _____

Applicant: _____

Phone No. _____

Address: _____

Owner: _____

Phone No. _____

Address: _____

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

Detailed Description of Business:

Detailed Location of Business: _____

Size of Lot: _____ Parcel No: _____ Key No: _____

Date of Approval from Montgomery County Health Dept. (*if necessary i.e. Restaurants*): _____

Opening Date: _____

The applicant certifies to the correctness of the site plan, dimensions presented and the dimensions of the proposed structure(s) or improvement(s). Occupancy and/or use of the project is PROHIBITED until a Certificate of Occupancy is issued by the City.
THIS PERMIT IS CONDITIONAL UPON COMPLIANCE WITH ANY RESTRICTIVE COVENANTS ASSOCIATED WITH THE PROPERTY.
**** AN APPLICATION WILL NOT BE REVIEWED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED IN FULL. ****
ALL ENGINEERING COSTS INCURRED BY THE CITY OF CRAWFORDSVILLE WILL BE THE RESPONSIBILITY OF THE DEVELOPER
THIS PERMIT DOES NOT COVER ELECTRICAL WORK. ELECTRICAL PERMITS ARE ISSUED THROUGH CEL&P.

Signature of Applicant: _____

FOR OFFICE USE ONLY

Date Received: _____

Zoning District: _____

Notes: _____

Permit Fee: \$ 20.00 Electrical Service Fee: \$ n/a Sewer Tap Fee: \$ n/a Total Cost: \$ 20.00

Signature of Inspector: _____

Signature of Planning & Community Development Administrator: _____

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

SUBCONTRACTOR LIST

Type of Service: _____

Company name: _____ Contractors Registration No: _____

Contact: _____

Address: _____

Telephone No: _____

Type of Service: _____

Company name: _____ Contractors Registration No: _____

Contact: _____

Address: _____

Telephone No: _____

Type of Service: _____

Company name: _____ Contractors Registration No: _____

Contact: _____

Address: _____

Telephone No: _____

Type of Service: _____

Company name: _____ Contractors Registration No: _____

Contact: _____

Address: _____

Telephone No: _____

Type of Service: _____

Company name: _____ Contractors Registration No: _____

Contact: _____

Address: _____

Telephone No: _____