

Department of Development Services

ACCESSORY STRUCTURE PERMIT



61 N. Green Street | Brownsburg, IN 46112

Phone 317-852-1128 | Fax 317-852-1134

www.brownsburg.org

Items to be included with this application:

Required Submittals:

- Completed Application (signed by the Applicant)
- Affidavit and Consent of Property Owner
- Statement of Financial Responsibility (signed by the Owner)
- Six (6) copies of the building plan for commercial/industrial uses.
- Six (6) copies of the site plan for commercial/industrial uses.
- Three (3) copies of the building plan for residential uses.
- Three (3) copies of the site plan for residential uses.
- One (1) copy of any Homeowner's Association (HOA) Approvals
- Electronic Copies of all submittal items.

Additional Requirements:

- Americans with Disabilities Act (ADA) Compliance.
- Architectural elevations with dimensions, colors and materials to be utilized.
- Roof Truss Plans, Stamped by an engineer (if trusses are used).
- Floor Truss Plans, Stamped by an engineer (if trusses are used).
- Estimated Construction Schedule.

Unified Development Ordinance (UDO) & Other Code Links:

Unified
Development
Ordinance (UDO)



[http://bit.ly/
UDO-2015](http://bit.ly/UDO-2015)

Accessory Structure
Development
Standards



[http://bit.ly/
AccStrStds](http://bit.ly/AccStrStds)

Ch. 151 Stormwater
Management



[http://bit.ly/
TitleXVCh151](http://bit.ly/TitleXVCh151)

2003 International
Residential Code (IRC)



[http://bit.ly/
IRC-2003](http://bit.ly/IRC-2003)

2012 International
Building Code (IBC)



[http://bit.ly/
IBC-2012](http://bit.ly/IBC-2012)

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PROJECT NAME:	RECEIVED STAMP
PERMIT #:	
RECEIPT #:	

COMPLETE THE FOLLOWING:

Applicant:	Company:		
	Contact:	Email:	
	Address:	City, State	Zip code:
	Phone #:	Cell #:	Fax #:

Check if the Applicant is the Property Owner.

Property Owner:	Company:		
	Contact:	Email:	
	Address:	City, State	Zip code:
	Phone #:	Cell #:	Fax #:

Check if the Applicant is the Project Contact.

Project Contact:	Company:		
	Contact:	Email:	
	Address:	City, State	Zip code:
	Phone #:	Cell #:	Fax #:

Location & Project Info:	Parcel #:		Estimated Cost:		
	Site Address:		Suite #:		
Subdivision:		Lot #:	Township:		
Water Provider:	Sewer Provider:	Sprinkler System		Private Hydrants	Fire Line Size:
Service Diameter:	Lateral Size:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Design Release #'s		Type of Construction:			
		<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential			

Location/ Project Information:	Zoning District :	Est. Start Date:	Est. Finish Date:	Existing Impervious Area (SF):
	Lot Area (SF):	New Impervious Area (SF):	Total (SF):	Lot Coverage: _____ %
	Site in a Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, FIRM#:		Min. Flood Protection Grade:
HOA Approval Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Front Setback: _____ Ft.	Side Setback: _____ Ft.	Rear Setback: _____ Ft.	Driveway Setback: _____ Ft.

Accessory Structure Type: Recreational-Based Storage-Based Support-Based

Type of Improvement: New Structure Addition Remodel

Existing Structures on Site: Driveway Deck Detached Garage Pole Barn
 Shed Arbor/Pergola Pool/Spa Pool House Sport Court Parking Lot
 Other: _____

Proposed Improvement: Driveway Deck Detached Garage Pole Barn
 Shed Arbor/Pergola Pool House Sport Court Parking Lot
 Other: _____

Project Description:	

Office Use Only

Zoning Requirements Check

Front Yard Setback: _____ Ft. Side Yard Setback: _____ Ft.
Rear Yard Setback: _____ Ft. Driveway Setback: _____ Ft.
Lot Coverage: _____ % Dwelling Size: _____ Ft.
Building Separation: _____ Ft. Commitments: _____

- Footing Insulation
- Foundation Sewer
- 1st Underslab Sidewalk
- 2nd Underslab Sump Line, If Necessary
- Fire Wall Final Walk Through
- Porch Certificate of Occupancy
- Rough-In

- Electrical
- Plumbing
- Mechanical
- Structural
- Sprinkler
- Hydrant

Reviewed By: _____ **Date:** _____

Approved By: _____ **Date:** _____

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Application Notarization:

I affirm, under oath, and under penalties of perjury (I.C. 35-44-2-1), that I have the authority to make the above application, and that all of the information provided herein is shown completely and accurately on the attached plot plan or site plan(s), construction plans, specifications, and any other documentation submitted with this application.

I furthermore acknowledge and affirm that any construction, reconstruction, enlargement, relocation or alteration of a Class 1 Structure (675 IAC 12) requested by this application will comply with, and conform to, all applicable laws, ordinances and regulations of the State of Indiana and Town of Brownsburg, and all amendments thereto.

I furthermore certify that all changes, modifications, revisions and alterations to the plans will be submitted to the Department of Development Services for approval, prior to the change in work being initiated; and that the structure will not be used or occupied until a Certificate of Occupancy has been issued by the Department of Development Services.

Signature of Applicant

Printed Name

STATE OF _____)

) SS:

COUNTY OF _____)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the above and foregoing instrument to its voluntary act and deed on the ____ day of _____, 20____.

Commission Expiration Date

Notary

County of Residence

Printed Name

Department of Development Services

AFFIDAVIT & CONSENT OF PROPERTY OWNER

ACCESSORY STRUCTURE PERMIT

That I/we _____ after first being duly sworn, depose
and say:

That I am/we are the owner(s) of the Real Estate located at:

(Legal and/or common address)

Parcel Number(s): _____

That I/we have read and examined the application for Accessory Structure Permit, and I/we are familiar with its contents.

That I/we have no objections to, and consent to such request as set forth in the application.

Homeowner's Association (HOA) Acknowledgement:

- I/we furthermore certify that I/we **DO NOT HAVE** a Homeowner's Association (HOA) and that I/we do not need to seek further approval from any other homeownership board or group.
- I/we furthermore certify that I/we **DO HAVE** a Homeowner's Association (HOA) and that I/we have received approval through said organization; and confirmation of such approval is attached to this application.

Signature of Owner

Print Name

STATE OF _____)

) SS:

COUNTY OF _____)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the above and foregoing instrument to its voluntary act and deed on the ____ day of _____, 20____.

Commission Expiration Date

Notary

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Department of Development Services

STATEMENT OF FINANCIAL RESPONSIBILITY WITHIN THE PUBLIC RIGHT-OF-WAY

ACCESSORY STRUCTURE PERMIT

That I/we _____ after first being duly sworn, depose and say:

That I am/we are the owner(s) (the "Owner") of the Real Estate (the "Property") located at: _____, Brownsburg, IN 46112.

Parcel Number(s): _____

That I/we understand the following:

1. As the Owner, I/we shall be responsible for repairs or reconstruction for damage, expenses and liabilities to the public right-of-way and/or public infrastructure (e.g. sidewalks, curb and gutter, roads, storm, water and sanitary infrastructure) which arises out of or is resulting directly or indirectly from Owner's (and/or any of Owner's employees, agents, contractors, invitees, licensees, officers, owners, directors, assigns or affiliates) activities associated with this permit, including but not limited to driving or allowing heavy vehicles on the sidewalk. Owner shall be responsible for the repair and/or reconstruction of such damage, expense and liability to the satisfaction of the Town of Brownsburg (the "Town") and paying the costs thereof.
2. In the event that the Owner causes damage to the public right-of-way and/or public infrastructure and fails to comply with the requirements set forth herein, the Town may, at its discretion, take action to correct the condition and recover the costs of doing so using the following procedures:
 - A. Written notice shall be given by the Town to the Owner describing the property involved and the condition to be remedied, requiring the Owner within a reasonable time but not less than fourteen days to take such action as may be necessary or as may be specified to correct the condition, and advising that failure to do so will result in further actions and legal procedures by the Town to require immediate correction of the condition.
 - B. If the condition described in the notice is not corrected within the time limit set by the notice, the Town may take appropriate actions, including but not limited to, whatever actions at law or in equity are necessary or appropriate to correct the condition.
 - C. If the Town takes any corrective action described above, all costs of such action shall be charged to the Owner. Costs shall include but not be limited to labor and material for performance of the work and any repair, administrative and supervisory time, attorneys' fees and costs, and disposal fees. Owner will cooperate with the payment of all fees within 7 days upon receipt of billing from the Town. If costs are not paid by Owner in full within 7 days of receipt of billing from the Town, then the Town will add a penalty of one percent per month to the outstanding balance until the outstanding balance is fully paid by the Owner.

STATE OF _____)
)
 COUNTY OF _____)

SS:

 Signature of Owner

 Print Name

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the above and foregoing instrument to its voluntary act and deed on the ____ day of _____, 20____.

 Commission Expiration Date

 Notary

 County of Residence

 Printed Name