

**MULTI-FAMILY RESIDENTIAL PERMIT**

**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.
- Six (6) copies of the site plan.
- NOI/SWPPP
- Electronic Copies of all submittal items.

**Additional Requirements:**

- Architectural elevations with dimensions, colors and materials to be utilized.
- Americans with Disabilities Act (ADA) Compliance.
- Roof Truss Plans, Stamped by an engineer (if trusses are used).
- Floor Truss Plans, Stamped by an engineer (if trusses are used).
- Sprinkler/fire suppression plans.
- Estimated Construction Schedule.
- Right-of-Way Permit (for work within Right-of-Way).
- State Release
- Energy Performance Documents

**Unified Development Ordinance (UDO) & Other Code Links:**

Unified Development Ordinance (UDO)



<http://bit.ly/UDO-2015>

Multi-Family Arch. Development Standards



<http://bit.ly/MultFamArchStds>

Arch. Diversity Design Standards



<http://bit.ly/ArchDivStds>

Ch. 151 Stormwater Management



<http://bit.ly/TitleXVCh151>

2012 International Building Code (IBC)



<http://bit.ly/IBC-2012>

**Items to be included with this application:**

**Plot Plan Submittal Requirements:**

- AutoCAD file (.Dwg) of Plot Plan
- Plot Plan, is not limited to but must include the following information:
  1. Lot Coverage %
  2. Lot Area sq. ft.
  3. House and Garage sq. ft.
  4. Porch sq. ft.
  5. Patio sq. ft.
  6. Private walks sq. ft.
  7. Driveway sq. ft.
  8. Total Impervious area sq. ft.
  9. All Flood Hazard Areas
  10. Base Flood Elevation (BFE) or Special Flood Hazard Areas (SFHA)
  11. All Easements on the lot including but not limited to the following:
    - a. Drainage
    - b. Utility
    - c. Sewer Exclusive
    - d. Water Exclusive
    - e. No Access
    - f. Cross Access
    - g. BMP
    - h. Temporary Turnaround
    - i. Trail/Pedestrian

# Department of Development Services

## MULTI-FAMILY RESIDENTIAL PERMIT



61 N. Green Street | Brownsburg, IN 46112

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

[www.brownsburg.org](http://www.brownsburg.org)

|               |                |
|---------------|----------------|
| PROJECT NAME: | RECEIVED STAMP |
| PERMIT #:     |                |
| RECEIPT #:    |                |

### COMPLETE THE FOLLOWING:

|                   |          |             |           |
|-------------------|----------|-------------|-----------|
| <b>Applicant:</b> | Company: |             |           |
|                   | Contact: | Email:      |           |
|                   | Address: | City, State | Zip code: |
|                   | Phone #: | Cell #:     | Fax #:    |

Check if the Applicant is the Property Owner.

|                        |          |             |           |
|------------------------|----------|-------------|-----------|
| <b>Property Owner:</b> | Company: |             |           |
|                        | Contact: | Email:      |           |
|                        | Address: | City, State | Zip code: |
|                        | Phone #: | Cell #:     | Fax #:    |

Check if the Applicant is the Project Contact.

|                         |          |             |           |
|-------------------------|----------|-------------|-----------|
| <b>Project Contact:</b> | Company: |             |           |
|                         | Contact: | Email:      |           |
|                         | Address: | City, State | Zip code: |
|                         | Phone #: | Cell #:     | Fax #:    |

|                                     |               |                 |
|-------------------------------------|---------------|-----------------|
| <b>Location &amp; Project Info:</b> | Parcel #:     | Estimated Cost: |
|                                     | Site Address: | Suite #:        |
| Subdivision:                        | Lot #:        | Township:       |

|                                       |   |                           |                        |                                     |
|---------------------------------------|---|---------------------------|------------------------|-------------------------------------|
| <b>Location/ Project Information:</b> | 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, FIRM#:            |                        | Min. Flood Protection Grade (MFPG): |
|                                       | Front Setback: ____ Ft.   | Side Setback: ____ Ft.    | Rear Setback: ____ Ft. | Driveway Setback: ____ Ft.          |

|                             |   |  |   |   |
|-----------------------------|---|--|---|---|
| <b>Type of Improvement:</b> | <input type="checkbox"/> New Structure<br><input type="checkbox"/> Addition | <input type="checkbox"/> Remodel<br><input type="checkbox"/> Foundation Only | Construction Type:  | Occupancy Group:  |
| Number of Elevators:        | #of Floors:   | #of Units:   | Type of Foundation:   | Sump Pump?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>Energy Code:</b>         | <input type="checkbox"/> Prescriptive<br><input type="checkbox"/> Total UA  | <input type="checkbox"/> Performance<br><input type="checkbox"/> N/A         | Floor Structure:<br><input type="checkbox"/> Nominal <input type="checkbox"/> Truss | Roof Structure:<br><input type="checkbox"/> Rafter <input type="checkbox"/> Truss |

|                 |                                 |  |  |
|-----------------|---------------------------------|--|--|
| Water Provider: | Meter Size:<br>Irrigation Size: | Town Supplied Materials?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Town Tapping the Water Main?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sewer Provider: | Lateral Size:                   | No. of Private Hydrants:   | Fire Line Size:  |

Construction Design Release #'s

|                        |            |              |            |                        |
|------------------------|------------|--------------|------------|------------------------|
| <b>Square Footage:</b> | 1st Floor: | 2nd Floor:   | 3rd Floor: | Total (SF) Under Roof: |
|                        | Garage:    | Parking Lot: | Basement:  | Total Project (SF):    |

|                             |  |
|-----------------------------|--|
| <b>Project Description:</b> |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |

# Department of Development Services



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## MULTI-FAMILY RESIDENTIAL PERMIT

### 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, the Indiana Building Code, current edition, and all other 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

STATE OF \_\_\_\_\_ )  
 )  
 COUNTY OF \_\_\_\_\_ )

SS:

\_\_\_\_\_  
 Printed 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

#### Office Use Only

Front Yard Setback: \_\_\_\_\_ Ft. Side Yard Setback: \_\_\_\_\_ Ft. Rear Yard Setback: \_\_\_\_\_ Ft.

Building Separation: \_\_\_\_\_ Ft. Lot Coverage: \_\_\_\_\_% Dwelling Size: \_\_\_\_\_ Ft.

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

- Electrical
- Plumbing
- Mechanical
- Structural
- Sprinkled
- Hydrants

**Department of Development Services**  
**MULTI-FAMILY RESIDENTIAL PERMIT**

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

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 \_\_\_\_\_ )

)

SS:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
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



**MULTI-FAMILY RESIDENTIAL PERMIT**

**REVIEW**



**Brownsburg Fire Territory**

470 East Northfield Drive

Brownsburg, Indiana 46112



The Following information shall be completed prior to any location improvement or permitting:

1. Please Identify what components the building will contain:

| <b><u>Fire Protection Equipment</u></b> | <b><u>Yes</u></b> | <b><u>No</u></b> | <b><u>Add. Info</u></b> |  |
|---|-------------------|------------------|-------------------------|--|
| Fire Sprinkler System                   |                   |                  | Building Name:          |  |
| Fire Alarm System                       |                   |                  | Address:                |  |
| Other Fire Suppression System           |                   |                  | Project Sq. Ft.:        |  |
| Kitchen Hood System                     |                   |                  | Building Class:         |  |
| Fuel Tanks                              |                   |                  | Occupancy Load:         |  |

2. If this is a remodel what was the space or building being used for prior to improvements?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Office Use Only**

| <b>Plan Review &amp; Inspection</b> | <b>Fee</b>                     | <b>Check one:</b> | <b>Plan Review &amp; Inspection</b> | <b>Fee</b> | <b>Check Any:</b> |
|-------------------------------------|--------------------------------|-------------------|-------------------------------------|------------|-------------------|
| Tier 1 ≤ 1,500 Sq. Ft.              | \$150                          |                   | Sprinkler System                    | \$100      |                   |
| Tier 2 1,501-5,000 Sq. Ft.          | \$300                          |                   | Fire Alarm System                   | \$100      |                   |
| Tier 3 5,001-10,000 Sq. Ft.         | \$400                          |                   | Kitchen Hood System                 | \$100      |                   |
| Tier 4 10,001-20,000 Sq. Ft.        | \$500                          |                   | Commercial Flammable Tank           | \$100      |                   |
| Tier 5 20,001-50,000 Sq. Ft.        | \$600                          |                   | Underground Flammable Tank          | \$25       |                   |
| Tier 6 ≥ 50,001 Sq. Ft.             | \$1,000 + .01/Sq. Ft. over 50K |                   | Notes:                              |            |                   |
|                                     |                                |                   | <b>Total Fees:</b>                  | <b>\$</b>  |                   |

**Fees Reviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_