

Department of Development Services

ONE/TWO FAMILY RESIDENTIAL 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)
- Three (3) copies of the building plan.
- Three (3) copies of the site plan.
- Electronic Copies of all submittal items.

Additional Requirements:

- Roof Truss Plans, Stamped by an engineer (if trusses are used).
- Floor Truss Plans, Stamped by an engineer (if trusses are used).
- Architectural elevations with dimensions, colors and materials to be utilized.
- Estimated Construction Schedule.
- Energy Performance Documents

Unified Development Ordinance (UDO) & Building Code Links:

Unified
Development
Ordinance (UDO)



Scan me

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

Residential Arch.
Development
Standards



Scan me

<http://bit.ly/ResArchStds>

Arch. Diversity
Design Standards



Scan me

<http://bit.ly/ArchDivStds>

2003 International
Residential Code (IRC)



Scan me

<http://bit.ly/IRC-2003>

2006 International
Plumbing Code (IPC)



Scan me

<http://bit.ly/IPC-2006>

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

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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:

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:
	Front Setback: ____ Ft.	Side Setback: ____ Ft.	Rear Setback: ____ Ft.	Driveway Setback: ____ Ft.

Type of Improvement:	<input type="checkbox"/> New Structure <input type="checkbox"/> Addition	<input type="checkbox"/> Remodel <input type="checkbox"/> Foundation Only <input type="checkbox"/> Other _____	HOA Approval Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Construction:	<input type="checkbox"/> Single-Family, Detached <input type="checkbox"/> Two-Family	<input type="checkbox"/> Single-Family, Attached	Type of Foundation: Sump Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No
Energy Code:	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Total UA	<input type="checkbox"/> Performance <input type="checkbox"/> N/A	Floor Structure: <input type="checkbox"/> Nominal <input type="checkbox"/> Truss Roof Structure: <input type="checkbox"/> Rafter <input type="checkbox"/> Truss

Square Footage:	Basement:	1st Floor:	2nd Floor:	3rd Floor:	Attic:	Covered Porch:
	Private Walk:	Driveway:	Garage:	Uncovered Patio:	Total (SF) Under Roof:	Total Project (SF):

Water Provider:	Meter Size:	Town Supplied Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Town Tapping the Water Main? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer Provider:	Lateral Size:	Installing an Irrigation Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrigation Meter Size:

Project Description:	

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**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