

20 N 6th Street
 Lafayette, IN 47901
 (765) 807-1050
permits@lafayette.in.gov



Residential Building Permit Application

Office of the City Engineer

Project Address		Lot		Subdivision	
Parcel Number					
Project Name					
Deeded Owner	Name/Entity				
	Address				
	City/State/Zip				
	Phone				
	Email				
Applicant	Name				
	Role	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			
	Address				
	City/State/Zip				
	Phone				
	Email				
Primary/Accessory Use		<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex			
Type of Construction (check all that apply)		<input type="checkbox"/> New Structure <input type="checkbox"/> Addition, Remodel, or Repair <input type="checkbox"/> Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Hard Surface <input type="checkbox"/> Gravel* <input type="checkbox"/> Deck: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Roof <input type="checkbox"/> No Roof <input type="checkbox"/> Shed: <input type="checkbox"/> Permanent Foundation <input type="checkbox"/> No Permanent Foundation <input type="checkbox"/> Other _____			
*If existing driveway surface is gravel or another non-hard surface, you will need to put in a hard surface.					
Project Value		Project SQ FT			
Project Description					
Private Provider	<input type="checkbox"/> I am using a private provider (COI provided) <input type="checkbox"/> I am not using a private provider				
FEMA Flood Zone		Lot SQ FT		Lot Coverage (%)	
Front Setback		Side Setback (1)		Side Setback (2)	
				Rear Setback	

I certify that I am the deeded owner, or legal agent of the owner, of the real estate subject to this application or I have been authorized by the owner, or legal agent of the owner, to submit this application.

Applicant Name		Signature		Date	
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 Application
List of Contractors

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Parcel Number					
Project Name					

General Contractor	Name/Entity	
	Address	
	City/State/Zip	
	Contact Name	
	Phone	
	Email	

Electrical Contractor	Name/Entity	
	Address	
	City/State/Zip	
	Contact Name	
	Phone	
	Email	
	License #	

Plumbing Contractor	Name/Entity	
	Address	
	City/State/Zip	
	Contact Name	
	Phone	
	Email	
	License #	

Private Provider	Name/Entity	
	Address	
	City/State/Zip	
	Contact Name	
	Phone	
	Email	

Jason Burks
20 N. 6th Street
Lafayette, IN 47901



Building Commissioner
PHONE: 765.807.1050
permits@lafayette.in.gov

WEBSITE: www.lafayette.in.gov

Senate Enrolled ACT No. 393: Fire Safety Notification

Requirements: - 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 Lafayette, Indiana

New Structure 393

Street Address: _____

Township:

Fairfield Perry Sheffield Wea

I do NOT have any Advanced Structural Components

Check ALL that apply:

- Lightweight I-joists, First Floor Lightweight I-joists, Second Floor
 Other (Please explain) Lightweight Roof Truss Floor Truss

Other: _____

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

Signature _____ Date _____