



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

Office of the City Engineer

Building Permit Application

Project Address		Lot		Subdivision	
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Project Name					
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Deeded Owner	Name/Entity				
	Address				
	City/State/Zip				

Applicant	Name				
	Role	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			
	Address				
	City/State/Zip				
	Phone				
	Email				

Primary Project Contact	Name				
	Phone				
	Email				

Primary/Accessory Use	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family (No. of Units _____) <input type="checkbox"/> Commercial				
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Type of Construction (check all that apply)	<input type="checkbox"/> New Structure <input type="checkbox"/> Tenant Build-Out <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 Surface*				
	<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"/> Other _____				

*If existing driveway surface is gravel or other non-hard surface you must put in a hard surface.

Project Value		Project SQ FT	
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Project Description					
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FEMA Flood Zone		Lot SQ FT		Lot Coverage (%)	
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Front Setback		Side Setback (1)		Side Setback (2)		Rear Setback	
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I certify that I am the 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 (separate Letter of Consent required).

Deeded Owner/Authorized Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will submit separate letter of consent)				
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Applicant Name		Signature		Date	
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List of Contractors

Project Address		Lot	Subdivision
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 #		
Fire Protection Contractor	Name/Entity		
	Address		
	City/State/Zip		
	Contact Name		
	Phone		
	Email		

Mark Gick
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 _____