

Henry County Building/Zoning Permit Application

Planning & Zoning Department email: hcpcpermits@henrycounty.in.gov Phone (765) 529-7408

Permit#

Date Issued: _____

Please Print

Application Date:	Parcel#	Township:
Property Address (Leave blank if new):		
Property Owner:	Zoning:	Required Setbacks:
Phone:	Flood Zone:	Front: Rear:
Email Address:	Property Size:	Sides:

Project Type: <input type="radio"/> -Residential <input type="radio"/> -Commercial		Staked Off: <input type="radio"/> -No <input type="radio"/> Yes		Driveway: <input type="radio"/> -New <input type="radio"/> -Existing	
<input type="radio"/> -Primary Structure <input type="radio"/> - Accessory Structure		State release required: <input type="radio"/> -No <input type="radio"/> -Yes			
<input type="radio"/> -Mobile Home <input type="radio"/> -ModularHome <input type="radio"/> -Manufactured Home			<input type="radio"/> -Permanent <input type="radio"/> -Temporary		Year Manufactured:
Basement sq./ft:		Job Description:			
1st Floor sq./ft:		Used For:			
2nd Floor sq./ft:		Estimated Cost:	Total Rooms:	Total Baths:	Total HVAC Units:
Accessory St. sq./ft:		<input type="radio"/> -Site Plan Submitted (required)		<input type="radio"/> -IDEM Rule 5 Plan Submitted <input type="radio"/> -Not Req.	
Covered Porch sq./ft:		<input type="radio"/> -Building Plan Submitted (required)		<input type="radio"/> -State Plan Release Received <input type="radio"/> -Not Req.	
Remodel Area sq./ft:		<input type="radio"/> -Septic Plan Submitted <input type="radio"/> -Not Req.		<input type="radio"/> -Energy Ratings Submitted <input type="radio"/> -Not Req.	
Total Area sq./ft:		<input type="radio"/> -County Release		<input type="radio"/> -SWPPP (new residential/commercial)	

Permit #

Building	\$		General Contractor:	Reg#
Electrical	\$		Electric Contractor:	Reg#
HVAC	\$		HVAC Contractor:	Reg#
Plumbing	\$		Plumbing Contractor:	Reg#
Cert Of Occup.	\$			
Total Fees	\$	Date Pd:	CH/CA/CC	Receipt#

Applicant Signature:	Date:
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Health Dept/Sanitary Utility Approval:		Date:
County Surveyor Drain Clearance Approval:		Date:
County/State Driveway Approval:		Date:
Building Inspector Review:		Date:

OFFICE NOTES:	Rcvd in Office:	Initial Review:	Approved: