Foundation Plan

For Manufactured Homes

Floor Plans for each level of building

Pier layout tie-down/anchoring specifications

Floyd County Department of Building & Development Services

2524 Corydon Pike Suite 203 New Albany, IN 47150 Phone: (812) 981-7611 Fax: (812) 948-4744

Building@floydcounty.in.gov

Checklist for Building Permit Application

The following materials shall be submitted and reviewed by the Floyd County Department of Building & Development Services PRIOR to the approval of a residential building permit. If any of the materials are absent, the building permit WILL NOT BE ISSUED until all required materials are submitted. Please allow 5-7 business days for review of your permit application.

	Complete Application Form
	Health Department Approval or Sewer Tap-in Receipt
•	For New Dwellings: Septic Permit or Sewer Tap-in Receipt For Accessory Structures/Rehabs/Additions: FCHD Site Approval Permit (if septic is on site)
	Site Plan Detailing:
	 All Property lines & streets Location and size of all existing and proposed structures
•	
•	
•	
•	
	North arrow
	Note: Applications for <u>new single family dwellings</u> require a site plan from an Indiana Licensed Surveyor or Engineer
	Copy of Recorded Deed or Purchase Contract
	Building Plans Detailing:
_•	
	2 de la composition della comp

Note: If proposed structure lies within an existing subdivision, please check with the controlling entity to ensure conditions are met.

Pictures of HUD Data Plate and Data Label; or Indiana Modular/Mobile Insignia floor plans

Revised 2/2020 1



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Building Permit Application

New Single Family Dwelling, Addition, Renovation/Rehab, Accessory Structure Applicant/Owner Information Applicant: Date: Phone: Email: Project Address: Street Address ZIP Code Tax ID or Parcel No. (If available) Subdivision Name and Section (if applicable) Lot Number **Property** Owner: Telephone: Name Address: Street Address State ZIP Code Project Information New Single Family Dwelling Addition to Existing SF Dwelling Renovation/Rehab to Existing SF Dwelling Accessory Structure (Post Building/Detached Garage/In-Ground Pool) Scope of Work: Electrical Service (Harrison or Clark REMC, Duke):_____ Water Utility Provider: Contractor Information General Contractor:____ Electrical: Address: Phone: _____ City/State/Zip:____ Email: What Electrical Provisions Are Being Used? Email: 2020 Indiana Residential Code Plumbing:____ 2009 Indiana Electrical Code Phone: Email:_____ Mechanical/ HVAC:_____ License #:_____ Phone:_____ Energy Rating Company:_____ Email:



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Square Footage

Square Footage of Project: (In additions/rehabilitations, this pertains ONLY to the scope of work included in this project)

Square Foot	tage Totals:	Finished SQFT	Unfinished SQFT	Total
Basement (i	f applicable)			
1 St Floor (exclud				
2 ND Floor (excl porches and	uding covered d/or patios)			
Gar	age	Not Applicable	Not Applicable	
covered patios,	covered porches, and/or ANY deck ve adjacent grade	Not Applicable	Not Applicable	
	Total SQFT:			
No. of Bedrooms	No. Full Bath	No. Half Bath	Total No. Bathrooms	Est. Cost of Project
D. 1 . 1 C.				

Disclaimer and Signature

The plans which have been furnished to the Floyd County Department of Building & Development Services are a basis upon which Floyd County is entitled to act in issuing or revoking any permit or certificate of compliance. The plan(s) are incorporated, by reference, into this application. If there is any misrepresentation in this application or any associated documents, Floyd County may revoke any permit or Certificate of Occupancy issued in reliance upon such representation. I agree to comply with all Floyd County Ordinances, permit conditions, and State statues which regulate the building and construction, use, occupancy, and site development, and grant Floyd County Officials the right to enter onto the property for the purpose of inspecting work related to this permit and/or posting any notices deemed necessary. I understand that, should I fail to have work ready for inspection and a reinspection is deemed necessary, a reinspection fee of \$50 may be assessed. Furthermore, I understand that the 2005 Indiana Residential Code, as it pertains to energy efficiency (675 IAC 14-4.3 139.1), mandates a permanent certificate to be posted on or in the electrical distribution panel, and my failure to ensure that this posting is in place at time of final inspection of a new dwelling will result in an automatic failure of inspection and \$50 reinspection fee. Spec sheets for all engineered materials are required to be on site during times of construction for inspector reference. Failure to do so may result in a delay in your inspection process.

As the applicant for a building permit, I understand that I am required to request all inspections before a building can be occupied. Under Floyd County Zoning Ordinance 2006-6, it is unlawful to occupy a building until a Certificate of Occupancy has been issued by the Floyd County Building Commissioner. There are no exceptions to this rule. Under the terms of the Ordinance, I have an obligation to obtain a Certificate of Occupancy. I further acknowledge that I may be fined in accordance with Floyd County Zoning Ordinance 2006-6 in the event that I fail to comply with this requirement. I acknowledge that it is my obligation to inform the occupant of the structure if a Certification of Occupancy has not been issued, or if any outstanding code violations exist. I acknowledge my obligation to obtain a Certificate of Occupancy under Floyd County Zoning Ordinance 2006-6, and understand that I have an obligation to advise any potential occupant of my failure to have final inspection completed and/or have a Certificate of Occupancy issued. I certify that my answers are true and complete to the best of my knowledge.

Signature:	Date:

Fee Schedule

Residential

Single Family or Two Family Dwelling \$200 base fee plus

(excluding garage, attic areas, etc.) \$.10 per square foot of floor area

Multi-Family Dwelling \$300 per unit

Accessory Structures \$40 minimum or

Detached Garage \$.10 per square foot of floor area

Accessory Structures \$100 minimum or

Attached Garage \$.10 per square foot of floor area

Additions \$55 base fee plus

\$.10 per square foot of floor area

Interior Remodel \$40 base fee plus

\$.10 per square foot of floor area

Swimming Pool \$175

Temporary Mobile Home \$155 first two years

\$300 per year after first two

years

Commercial and Industrial

Commercial and Industrial Structures \$350 base fee plus

\$.10 per square foot of floor area

Interior Remodel \$75 base fee plus

\$.10 per square foot of floor area

Accessory Structures and Additions \$100 minimum plus

\$.10 per square foot of floor area

Other Structure Fees and Fines

Change in Electrical Service \$40

Parking Structure \$10 per parking space

Re-Inspection \$50 Residential

\$120 Commercial/Industrial

Early Bird Fine Twice the amount of permit

(Start of construction prior to permit issuance)

Variance Fine Five times the cost of the permit

(construction did occur as per approved site plan) plus the cost of the variance

Zoning Code Violations \$50 per day per violation

Compliance with IC 22-11-21

Firefighter Safety Notification

(effective 7/1/18)

Street Address:		County:
Type of Structu	re:	Township:
LOT #:	Subdivision:	
Floyd County structural co	mponents" (<mark>lightweight I-joi</mark>	ctures. re departments and local 911 call centers when "advanced structural components" are defined as:
equivalent a	pplication; and	oncombustible materials, or both.
Location of A	Advanced Structural Compon	ents:
Floor	Type of Advanced Structural (Component:
Roof	Type of Advanced Structural (Component:
Both	Type of Advanced Structural C	Component:
None	•	
Completed b	y:	
Signature		
 Print Name		Title

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SUPPLEMENTAL CONSTRUCTION STATISTICS SHEET

The set of building plans must include a drawing of each floor (specifying the dimension and use of each room); foundation plans; and a detailed cross-section. Please show the size, spacing, grade, and species of lumber used for floor joists. If the size, spacing, grade, species, or direction of span varies within the structure, please indicate *each* variation.

For additions and rehabilitations: Please indicate walls to remain and walls which are to be removed. Also, please label the use of all rooms adjacent to the proposed addition/rehab.

Foundations: Basement: Crawl Space:	Ceiling Joist: Lumber Size: Species:	
Slab on Grade: Other:		
Footer Size:	Spacing (O.C.):	
Wall Size:		
	Floor Joist:	
Girder/Header Beam:	Lumber Size:	
Steel/LVL:	Species Type:	
Lumber Size:	Grade:	
Species Type:	Spacing (O.C.):	
Grade:	Joist Span:	
Wall Framing: 2X4: 2X6: Spacing (O.C.):	Fireplace: Factory Built: Gas/Electric: Other:	
Rafter Systems:	Electrical:	
Rafters:	100A:	
Trusses:	 200A:	
Lumber Size:	Other:	
Species Type:	Location:	
Grade:	Sub Panel(Y/N):	
Spacing (O.C.):	100A:	
	200A:	
	Other:	
	Location:	

Sample Accessory Structure Site Plan Diagram

The site plan **must show** the following to be accepted:

	The site plan must snow the Johowing to be accepted.																										
	North Arrow										Easements and/or right-of-way																
	Road Frontage										Location of all underground and above ground LP Tanks																
Access/Driveway and Culvert Location (if applicable)										Property Lines and dimension of proposed structure									e								
	Location of all structures and specific use																										
=	Distances between structure and property lines																										
											,	,															
Draw at scale (Each square is = 10')																											
-																											



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Homeowner's Location of Accessory Structure on Plot Diagram Affidavit

I,, an survey done by a licensed s	submitting an alternate site location plan in lieu of a rveyor for the property located at							
	in Floyd County, Indiana.							
	ructure in the location presented to staff. I understand location, therefore, I accept all legal responsibility and g code, and drainage.							
Signature:	Date:							
Permit #								
SUBSCRIBED AND SWORN BEFORE ME								
THIS, 20								
NOTARY PUBLIC								
COUNTY								
MY COMMISSION EXPIRES								

Safety Information for Residential Pools 675 IAC 14-4.3-296 Safety features

Sec. 296. Section S4226 Safety features is added as follows:

- (1) S4226.1 A residential pool shall be provided with a suitable handhold around its perimeter in areas where depths exceed three (3) feet six (6) inches. Handholds shall be provided no further apart than four (4) feet and shall consist of any one (1) or a combination of items listed as follows:
 - (A) Coping, ledge, or deck along the immediate top edge of the pool that provides a slip-resisting surface of at least four (4) inches minimum horizontal width and located at or not more than twelve (12) inches above the waterline.
 - (B) Ladders, stairs, or seat ledges.
 - (C) A secured rope or railing placed at or not more than twelve (12) inches above the waterline.
- (2) S4226.2 Rope anchor devices shall be installed at a minimum of one (1) foot and a maximum of two (2) feet on the shallow end side of a point of change in floor slope. In pools where the slope change occurs in water depths less than four (4) feet six (6) inches, a transition rope supported by buoys shall be installed.
- (3) S4226.3 Access to residential pools shall be restricted by one (1) of the following means:
 - (A) Walls or fencing not less than four (4) feet high and completely surrounding the pool and deck area with the exception of self-closing and latching gates and doors, both capable of being locked.
 - (B) Other means not less than four (4) feet high and deemed impenetrable by the enforcing authority at the time of construction and completely surrounding the pool and deck area when the pool is not in use.
 - (C) A combination of clauses (A) and (B) that completely surrounds the pool and deck with the exception of self-closing and latching gates and doors which are capable of being locked. This applies to clauses (A) and (B) and this clause only.
 - (D) A power safety pool cover that:
 - (i) shall provide a continuous connection between the cover and the deck, so as to prohibit access to the pool when the cover is completely drawn over the pool;
 - (ii) shall be mechanically operated such that the cover cannot be drawn open or retracted without the use of a:
 - (AA) key; or
 - (BB) key and switch; or
 - (CC) touch pad with a personal access code;
 - (iii) is installed with track, rollers, rails, guides, or other accessories necessary to accomplish items (i) and (ii), in accordance with the manufacturer's instructions; and (iv) shall bear an identification tag indicating that the cover satisfies the requirements of ASTM F 1346–19 (Reapproved 2003), Standards Performance Specification for Safety Covers and Labeling Requirements for All Covers for Swimming Pools, Spas, and Hot Tubs, as published by ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, Pennsylvania 19428-2959 for power safety pool covers.
- (4) S4226.4 Not less than the following lifesaving equipment shall be installed with each residential swimming pool:
 - (A) A ring or throwing buoy fitted with forty (40) feet of one-fourth (1/4) inch diameter line.
 - (B) A pole not less than twelve (12) feet in length.
 - (C) Access to a telephone.

STAFF REVIEW FORM

DEPARTMENT USE ONLY

Received by:	Date Received:	Time Received:	
Application #	Permit #		
Applicant Name:		Parcel Number:	
Address:		Subdivision/Lot #:	
 □ Complete Application □ Site Plan □ Health Department/Sew □ Building Plans □ Firefighter Safety Notific 		rmit #/Receipt #	
Development Standards F	Review		
Zone District:		Type of Structure:	
Minimum Setbacks Required	: Front:	Side: Rear:	
Actual Setbacks: Front:	Side:	Rear:	
Setbacks Met: Yes/ No			
Is Accessory Subordinate to	Primary Structure?		
Minimum Ground Floor Area	ı:	_Met? Yes/No	
Maximum Height:	Met? Ye	s/No Lot Coverage %	
Located in Flood Zone? Yes/I	No Located in Stee	p Slope District? Yes/No	
Located in Easement? Yes/N	0		
Plan Commission/BZA Appro	val Needed: Yes/No		
Previous Board Action: Dock	et #:	Approval Date:	
Signature of Staff:		Date:	
Fee Calculation Base Fee: Garage: Total Sq. Ft. x \$0.3 Total Due: \$ Additional Comments:	10 =\$		
Development Standards Review Building Plans Review Date:Approval Date:			