

PERMIT # \_\_\_\_\_

**TOWN OF MONROVIA  
BUILDING PERMIT APPLICATION**

Planning and Building Dept.  
60 S. Church Street  
PO Box 400  
Monrovia, IN 46157  
Office: 996-6116 Fax: 996-6113

**LOCATION  
OF  
IMPROVEMENT**

Street Address: \_\_\_\_\_  
Street Number    Street Name    Town    Zip Code

Legal Description: \_\_\_\_\_  
Section    Township    Range    Subdivision Name    Lot Number

Zoning Classification: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**PROJECT  
CONTACTS**

**Owner**    Name: \_\_\_\_\_  
                  Address: \_\_\_\_\_  
                  Phone: \_\_\_\_\_  
**Builder/  
Contractor**    Name: \_\_\_\_\_  
                  Address: \_\_\_\_\_  
                  Phone: \_\_\_\_\_  
**Engineer/  
Surveyor**    Name: \_\_\_\_\_  
                  Address: \_\_\_\_\_  
                  Phone: \_\_\_\_\_

**TYPE  
OF  
IMPROVEMENT**

Structure Type	Work To Be Done	Use
<input type="checkbox"/> Principle	<input type="checkbox"/> New	<input type="checkbox"/> Single Family
<input type="checkbox"/> Accessory	<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family
<input type="checkbox"/> Garage	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Multifamily
<input type="checkbox"/> Storage	<input type="checkbox"/> Relocation	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Mobile Home
		<input type="checkbox"/> Other _____

**CHARACTERISTICS  
OF  
STRUCTURE**

Total Area \_\_\_\_\_ sq. ft.    Total Living Area \_\_\_\_\_ sq. ft.  
Number of: Floors \_\_\_\_\_ Rooms \_\_\_\_\_  
                  Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_  
Height of structure: \_\_\_\_\_  
Off Street Parking: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Total \_\_\_\_\_  
Estimated cost of structure: \$ \_\_\_\_\_

If not currently hardwired for smoke detectors, home will need to be at time of rough-in. Detectors to be installed per Indiana Residential Code Section R313.

**UTILITIES**

Source of Water: \_\_\_\_\_  
Source of Sewage Disposal: \_\_\_\_\_  
Source of Electrical: \_\_\_\_\_  
Name of Plumbing Contractor: \_\_\_\_\_  
Culvert to be installed by: \_\_\_\_\_

**PERMITS/APPROVALS**

\_\_\_\_\_ Indiana State Release of Plans  
\_\_\_\_\_ Indiana IDEM  
\_\_\_\_\_ Indiana IDNR

\_\_\_\_\_ Sanitary Sewer Tap-In Permit  
\_\_\_\_\_ Zoning Variance  
\_\_\_\_\_ Zoning Amendment

**FLOODPLAIN DATA (Complete only if site is within the 100-year floodplain)**

Elevation of the 100-year flood: \_\_\_\_\_ Ft.      First floor elevation above mean sea level: \_\_\_\_\_ Ft.

**AFFIDAVIT OF APPLICANT**

1. Work cannot be started before a building permit has been posted and work cannot continue if the building permit has been destroyed, lost, or stolen. A new building permit must be posted.
2. The building permit must be posted on-site in a conspicuous location, visible from the street, and must remain in place during the entire period of construction.
3. The building permit becomes void if construction work has not started within twelve (12) months from the date the permit was issued.
4. If any changes or deviations are made from the original application, a new building permit must be obtained from the Planning and Building Department.
5. The undersigned is responsible for the scheduling of all building inspections. When scheduling building inspections, refer to the permit number.
6. The structure cannot be occupied until all inspections have been made and approved, and a Certificate of Occupancy has been issued by the Building Inspector.
7. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws. In addition, any omission or misrepresentation of fact, with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Inspector, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.
8. I (we) also understand that the application fee does not include the fees associated with design review and/or construction management review. Fees for design review and/or construction management review are the direct responsibility of the applicant payable directly to the engineering firms(s) specified by the Town of Monrovia at rates set out by various agreements and/or ordinances of the Town, for services, inspections, reports, and the like required by the Town.

\_\_\_\_\_  
(Applicant's Name – Please Print)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Telephone Number)

Permit Fee Collected: \$ \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Issued By: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Date Denied: \_\_\_\_\_

**AFFIDAVIT OF APPLICANT FOR BUILDING PERMIT AND  
RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_ ("Applicant) have applied for a building permit, a variance, or a special exception from the Town of Monrovia. I hereby certify that I have made a diligent search to determine if any restrictive covenants exist that run with the land that is the subject of this application. By signing below, I acknowledge either that there are no such covenants or that any covenants that do exist do not conflict with the purposes of such application and that any such construction would not be prohibited by such covenants. I understand that is not the Town's responsibility to determine whether such covenants do exist, and that if the Town issues me a building permit or otherwise grants my application, it remains my responsibility to ensure that such construction does not violate the covenants. I agree that if it is determined at any point subsequent to the issuance of such permit that covenants do exist which conflict with my construction, I shall immediately cease such construction and remove any and all structures, sub-structures, and/or any fixtures erected or created pursuant to said permit, and I release the Town of Monrovia from all liability for the issuance of such permit, and agree to hold it harmless in any litigation stemming from such permit. I further agree that if enforcement of this agreement is necessary, jurisdiction shall be in Morgan County, Indiana, and attorney's fees are recoverable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
[Applicant]

The applicant, by signing this application for permit number \_\_\_\_\_, affirms under the pains and penalties of perjury that the statements, certifications, and all other contents in this application for a building permit are true and accurate statements.

Signed by applicant: \_\_\_\_\_

Print Name

State of Indiana

SS:

County of Morgan

Subscribed and Sworn to before me, this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Notary Public in \_\_\_\_\_ County.

Printed name: \_\_\_\_\_

My Commission Expires:

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Dated: \_\_\_\_\_

**TOWN OF MONROVIA**

60 S. Church Street (PO Box 400)

Monrovia, IN 46157

Phone: (317) 996-6116 Fax: (317) 996-6113

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**Application must be completely filled out before permit will be issued**

Address \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

Type and Location of Roof Trusses: \_\_\_\_\_

\_\_\_\_\_

Type and Location of Floor Trusses: \_\_\_\_\_

\_\_\_\_\_

Type and Location of I-Joist: \_\_\_\_\_

\_\_\_\_\_

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

Building Inspector Signature \_\_\_\_\_

Date \_\_\_\_\_