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DECATUR COUNTY PLANNING DEPARTMENT
PERMIT APPLICATION

Permit # _____
Permit \$ _____

JOB ADDRESS: _____ DATE: _____

OWNER/APPLICANT
NAME: _____ PHONE #: Daytime Number Needed _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR
NAME OR "OWNER/BUILDER": _____ LICENSE #: _____
PHONE #: _____
COMMENTS: _____

BUILDING USE:
[] RESIDENTIAL
[] COMMERCIAL
[] OTHER
WORK DESCRIPTION: _____
ENV. HEALTH APPROVAL NEEDED OR REQUIRED
[] YES
[] NO
[] WATERSHED PROTECTION AREA [] FLOODPLAIN AREA
Submit elevation certificate.

Table with 5 columns: MOBILE HOME, NEW CONSTRUCTION, ADDITION, REMODEL, POOL. Rows include CLASS OF WORK: (CIRCLE ONE), ROOFING, ELECTRICAL, PLUMBING, HVAC, OTHER.

*I will save, indemnify, and keep harmless Decatur County, its offices, employees, and agents against all liabilities, judgments costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the owner that application complies with all covenants, conditions, and restrictions.
*All work performed in accordance with applicable codes and/or ordinances requirements.
*All fees are non-refundable and non-transferable.
*Separate permits are required for electrical, plumbing, heating, HVAC, or any work other than building.
*I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
Signature: _____

OFFICE USE ONLY
SQUARE FOOTAGE:
HEATED: _____
UNHEATED: _____
TOTAL: _____
CONTRACT COST: _____
PERMIT FEE: _____
COMMENTS: _____
Signature _____