Union County Area Planning
6 West South Street, suite 1
Liberty, IN 47353
(765) 458-5044
Fax (765) 458-5044

BUILDING PERMIT APPLICATION

Applicant	Phone		
Address Street/Road Address			
Property Owner	City	State Zip	
Mailing Address of Property Owner			
Site Address Street/Road Address	City Stat	e Zip	_
Tenant	City	State	Zip
911 Address Needed?	Driveway	Approval	
Contact Person For Project	Phone		
Contractor			
Contractor's Address			
Cl I II	Public Sewer Septic System		_
New Home: Stick Built Basement	Public Water Private Water So Manufactured Crawl Space	ource _ Modular _ Slab	
If Modular or Manufactured Mobile Label # M_	Modular Label #	F .	
Addition: Basement Bedroom	(Located on Inside of Electric Box)	Slab	_
Remodel: Bedroom	Additional Plumbing Fixtures		
Electric Only	Plumbing Only		
Other (please specify)			
tart Date Complete Date	Estimated Value \$		
Class 1 Project, Design Release Number and Date	of Release		,
I, hereby, certify that there are no misreprese ware that any misrepresentation, falsification, and/or rounds for revocation of the issued permit.			s. I am
gnature of Applicant			
FOI	R OFFICE USE ONLY		
DeedSeptic/SewerSite Plan		xesDriveway	Approval
	ed By		