



CITY OF PERU
35 S Broadway
Peru, IN 46970

Phone: 765-473-4881
Fax: 765-472-5815

Start here!

RESIDENTIAL PERMITTING (1-2 Family Dwellings)
Building & Zoning Permit

DATE SUBMITTED: _____

CASE #: _____

Zoning Approval: _____ **Building Approval:** _____

Zoning \$ _____ **Bldg \$** _____ **Total \$** _____

Date Issued: _____ **Paid:** _____ **Date:** _____

*****Address or Parcel Number of Construction Activity:**

Est Start Date:	Est. Completion Date:	Est. Project Cost:	Total Sq Ft: *SEE BELOW
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Property Owner	Name		
	Mailing Address		
	City, State, Zip	Phone:	
	Email:	Other Phone:	

Applicant Information	Name		
	Mailing Address		
	City, State, Zip	Phone:	
	Email:	Other Phone:	

Contractors

Work Type	Contractor Name	Address	Phone
Building/General			
Concrete			
Electrical			
Plumbing			

PROJECT TYPE:

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> RENOVATION (INTERIOR)	<input type="checkbox"/> RENOVATION (EXTERIOR)
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PROPOSED USE: (Check all applicable)

<input type="checkbox"/> Primary Structure:	<input type="checkbox"/> Addition to Primary Structure (Living Space)		<input type="checkbox"/> Mobile Home/Manufactured
<input type="checkbox"/> Accessory Structure:	<input type="checkbox"/> Non-living Space: Deck/Porch/Balcony/Carport	<input type="radio"/> Attached	<input type="radio"/> Detached
	<input type="checkbox"/> Garage	<input type="radio"/> Attached	<input type="radio"/> Detached
	<input type="checkbox"/> Shed	<input type="radio"/> Permanent	<input type="radio"/> Temporary
	<input type="checkbox"/> Other		
	<input type="checkbox"/> Pool/Spa	<input type="radio"/> Inground	<input type="radio"/> Above Ground

SCOPE OF WORK: Detail the work to be performed (ie, paint, new siding, new windows, roof, electrical, etc.)

BUILDING SIZE (if for roof, note entire SF that will be reroofed in other):

1 ST FLOOR SQ FT		2 ND FLOOR SQ FT		3 RD FLOOR SQ FT		GARAGE SQ FT		OTHER SQ FT	
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ZONING REVIEW (If applicable-to be completed by office):				
SETBACKS				
FRONT LOT LINE (FT)	SIDE LOT LINE (FT)	SIDE LOT LINE (FT)	REAR LOT LINE (FT)	OTHER (FT)
SETBACK VARIANCE NEEDED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
NEW ADDRESS REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
COMBINING OF LOTS REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
Parcel #: _____ - _____ - _____ - _____ - _____ . _____ - _____				
Parcel #: _____ - _____ - _____ - _____ - _____ . _____ - _____				
Parcel #: _____ - _____ - _____ - _____ - _____ . _____ - _____				
*Notes from Admin:				
REZONING REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
COMBINING OF LOTS REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
FENCING VARIANCE REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
PARKING VARIANCE REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
OTHER VARIANCE REQUIRED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
*Notes from Admin:				
FLOODPLAIN				
<p>Projects located in designated flood plains are required to provide application and plans before constructing or reconstructing of <u>any</u> structures in these areas. If you are located in a designated flood plain you are required to provide all project information to the "Indiana Department of Natural Resources" as well as the local building and zoning departments.</p> <p>If in a flood plain, you will need to supply out office with: DNR Permits/Approvals Certificate of Elevation Cert No: _____</p>				
<u>REQUIRED</u> <input type="checkbox"/> YES (Flood Zone: _____) <input type="checkbox"/> NO **Attach any documentation regarding this portion of the review.			<u>IF REQUIRED, DATE RECEIVED:</u> 	
Notes from Admin:				
PLANS APPROVED BY ZONING ADMINISTRATOR ON: _____ ZONING ADMINISTRATOR SIGNATURE: _____				

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BUILDING REVIEW:				
DWELLING DESCRIPTION:				
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> 2-FAMILY	<input type="checkbox"/> Not applicable	<input type="checkbox"/> OTHER	
TYPE OF CONTRUCTION (IF NEW):				
<input type="checkbox"/> Conventional (Stick Built)	<input type="checkbox"/> Modular Construction	<input type="checkbox"/> Pre-Engineered	<input type="checkbox"/> Post Construction	
WATER SUPPLY	<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> PRIVATE / WELL		
SANITARY	<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> PRIVATE / WELL		
UTILITY TAP PERMIT #	BOARD OF HEALTH PERMIT # (IF APPLICABLE)			
HEALTH DEPARTMENT				
If your project is on a private sanitary and or waste system (private well) you will need to contact the Miami County Health Department for applications and permits. http://www.miamicountyin.gov/DocumentCenter/View/785/-Application-for-Plan-Review---Form-Number-5033-PDF?bidId=				
MECHANICALS				
ELECTRICAL SERVICE:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repairs	<input type="checkbox"/> N/A
ELECTRICAL SYSTEMS:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repairs	<input type="checkbox"/> N/A
HVAC SYSTEMS:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repairs	<input type="checkbox"/> N/A
PLUMBING SYSTEMS:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repairs	<input type="checkbox"/> N/A
FIRE SUPPRESSION:	<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Repairs	<input type="checkbox"/> N/A
SITE PREP				
EXCAVATION REQUIRED:	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes: Area to be excavated: Length _____ x Width _____ = _____ Total SF				
DRIVEWAY/CURB/ALLEY/STREET CUT REQUIRED:	<input type="checkbox"/> YES Drive: L _____ x W _____ = _____ Cut: L _____ x W _____ = _____		<input type="checkbox"/> NO	

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For NEW CONSTRUCTION ONLY:
ONE SET OF PLANS/DRAWINGS SUBMITTED TO BUILDING DEPARTMENT FOR PLAN REVIEW.

NOTE: Plans shall mean all site and construction plans as well as all specifications.

TO READ AND SIGNED BY APPLICANT

1. DOCUMENTS THAT MAY BE REQUIRED FOR NEW CONSTRUCTION

- ☐ Print Out of Elevate showing property lines & existing and proposed structures.
- ☐ The location of all recorded easements.
- ☐ The location of all utilities (overhead & underground).
- ☐ Height, width, depth of proposed structures.

2. **One set of detailed blueprints and any other plans** or documentation for the proposed residential structure (to include mechanical, electrical, plumbing, HVAC and front elevation of completed project.) If the project is not a new primary residence, detailed sketches of the structure may be submitted. This would include structures such as storage building, decks, garages, etc.

3. **New residential structures may require water & sewer tap permits.** Copies of these permits must be submitted prior to issuance of this permit. Water & sewer tap permits may be obtained from Peru Utilities at 765-473-6681.

REVIEW / PERMITTING REQUIREMENTS

1. Only one primary structure is allowed per parcel of record.
2. Setbacks must be maintained from all property lines; you may need to join two or more parcels prior to permit approval or seek variance approval through the Zoning Administrator.
3. Construction must be at least 10' from any water well or component of a septic system.
4. Plumbing contractors must have a state license number in order to be registered.
5. All contractors/subcontractors must be registered with the City of Peru Building Department or Miami County Building Department and have a current Certificate of Liability showing one of those entities as the Certificate Holder.

INITIAL OF APPLICANT ACKNOWLEDGING THEY HAVE READ AND UNDERSTAND ALL INFORMATION ABOVE:

SIGNATURE OF APPLICANT/PROPERTY OWNER/AGENT

DATE

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DISCLOSURE STATEMENTS

The property owner and or his or her agent hereby attest to and concur with the following:

1. I have the authority to make the foregoing application.
2. The application and accompanying plans/documentation are correct.
3. The plans submitted, for this project, are a basis upon which the City of Peru's Building and Zoning Department is entitled to act in issuing or revoking any Permits and or Certificates.
4. If any misrepresentation in the application or any associated documents is exposed, the City of Peru's Building and Zoning Department may revoke any and all Permits and or Certificates issued.
5. I agree to comply with all applicable City of Peru Ordinances, State of Indiana Statutes, International Building Codes and Permit conditions which regulate building, construction, use, occupancy and site development.
6. I grant and request the City of Peru Building and Zoning Department, and its designates, the privilege to access the property designated in this application and conjoined to this project for the purposes of inspecting the work permitted and posting notices for the same.
7. The Building Department/Inspectors/Building Commissioner/City Representative is hereby authorized to enter the premises to perform required inspections.
8. **The structure will not be used or occupied until a Certificate of Occupancy has been issued.**
9. I shall procure and retain the required Certificate of Occupancy in my records upon completion of the project for perpetuity.
10. This permit is not valid and work **is not permitted until signed and issued by an agent of the City of Peru Department**
11. The issuance of a permit shall not authorize the violation of any provision of the Building Code, Electrical Code, Plumbing Code, Zoning Code or any other applicable code or regulation.
12. Inspections may be scheduled by calling the Building Department at 765-473-4881 during normal business hours (8am-4pm, Monday-Friday, 8am-noon on Wednesday). It is recommended that you call at least 24 hours in advance.
13. I give consent for authorized City of Peru inspection staff to utilize Small Unmanned Aircraft System (sUAS)/Drone to conduct inspections of permitted work on the address of construction activity listed in this permit application and acknowledge that any digital record that may be captured as part of the inspection will be retained as part of the inspection record.
14. **Failure to call for a required inspection may result in the assessment of fines/penalties. You may also be required to undo already completed work so that code compliance may be verified by the inspector.**
15. If an inspection is failed or denied by the inspector, a re-inspection fee may be assessed and you will be required to schedule a new inspection appointment.
16. **Certificate of Occupancy may not be issued if proper inspections are not called for.**

SIGNATURES

PROPERTY OWNER OR APPLICANT OR AGENT

DATE

DEPARTMENT OF BUILDING REPRESENTATIVE

DATE