



Town of Mooresville

4 E. Harrison St. Mooresville, Indiana 46158

Telephone 317-831-9545

LOCATION IMPROVEMENT APPLICATION

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

Permit #: _____
Issued: _____
Variance Issued: _____

Location: _____

Lot # / Addition Name: _____ Township: _____

Applicant Name: _____ Telephone: _____

Owner Name: _____ Telephone: _____

Owner Address _____ City, St., Zip _____

Contractor Name: _____ Telephone: _____

Type of Improvement:	# Bedrm/Bath or Units	Type of Wall	Plot Size in Sq. Ft.	Set Back Distance	# of Stories	Height
<input type="checkbox"/> New Residential						
<input type="checkbox"/> Residential Addition/Remodel						
<input type="checkbox"/> Duplex / Multi-Family						
<input type="checkbox"/> Commercial						
<input type="checkbox"/> Commercial Addition/Remodel						
<input type="checkbox"/> Sign						
<input type="checkbox"/> Swimming Pool						
<input type="checkbox"/> Accessory Building / Garage						
<input type="checkbox"/> Electrical	Electrical Volts/Amps: _____		Energy Source: _____			
<input type="checkbox"/> Heating / Cooling	BTUH: _____	# of Heating Units: _____	# of A/C & Refr. Units: _____	Type of Heat/Cool: _____		
<input type="checkbox"/> Other						

Will be using Roof Trusses, Floor Trusses, I-Joist

Fill out location information on attached form.

Nature and size of improvements existing on property: _____

Septic or Sewer Connection: _____ Use of Structure: _____ In Flood Plain: Y / N

Total Sq. Ft.: _____ Basement Sq. Ft.: _____ Dimensions: _____ Lowest Elev: _____

Zoned: _____ Start Date: _____ Completion Date: _____ Construction Cost: _____

For Town Use Only	
Approved By: _____	
Permit Fee: _____	
Penalty Fee: _____	

I hereby certify that all building alteration and/or use or improvement of any land will be executed in accordance with the Building Code as adopted by the Town of Mooresville, Indiana and that the building and/or land will be used strictly in accordance with the Mooresville Zoning Ordinances.

Signature of Applicant: _____

(Please read instructions on back of page)

Instructions – Read Carefully

All location improvement applications shall be accompanied by an accurate set of blue prints and an accurate drawing or a plot plan to scale showing:

1. Location of the right-of-way line or lines adjoining highways, streets, alleys, and easements.
2. The lot or plot and dimensions.
3. Existing structures (location and size).
4. Proposed location of construction on lot or plot.
5. Accurate dimensions of proposed construction.
6. Proposed location of sewage disposal systems and water supply source.
7. Parking area.

Other Information:

- A. A street cut permit is required if any type of work is to be on the public right-of-ways.
- B. A sewer permit is required if replacing, altering or adding onto any portion of the sewer lateral outside of the structure.
- C. Approval must be obtained from the town if plans are to alter any natural or man-made drainage system.
- D. Administrative building council permit may be needed on any construction except for:
 1. Detached one (1) and two (2) family residences.
 2. Farm service buildings as defined in I.C.-22-11-1-1.
- E. Before a building permit can be issued in the buffer zone, a permit for the septic system must be obtained from the Morgan County Health Officer unless the property is hooking to the town sewer system.
- F. Before a building permit can be issued in the buffer zone, a permit for the driveway must be obtained from the Morgan County Plan Commission.
- G. A commercial building permit requiring a Construction Design Release from IDHS, must also have a completed Plan Authentication Agreement.

Changes to the Application beginning July 1, 2018

Beginning July 1, 2018 the State of Indiana is requiring the Building Department to report all light weight construction materials, truss construction (floor and roof) and I-Joist to local Fire Departments. This information is to be attached to the Building Permit Application upon submission.



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TRUSS/I-JOIST LOCATION.

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Variance 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 _____

Date _____