



# CICERO/JACKSON TOWNSHIP PLAN COMMISSION

331 E. Jackson St.  
P.O. Box 650  
Cicero, In 46034  
317-984-5845 Office  
317-984-5938 Fax  
www.cicero.in.org

Type of Construction		Permit #:
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Commercial <input type="checkbox"/> Improvement Location	Date of Issue:
<input type="checkbox"/> Institutional	<input type="checkbox"/> Multi-Family	Date of Expiration:
<input type="checkbox"/> Municipal/Public Bldg	____ Number of Units	Required Inspections:
<input type="checkbox"/> School		Permit Fees:
<input type="checkbox"/> Church		

Conditions for approval: **Construction Plans must be approved by Plan Commission for this permit to remain valid**

## APPLICANT MUST COMPLETE THE FOLLOWING

Property Owner:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Project Address:		
City:	State:	ZIP Code:
Parcel:	Subdivision:	
Estimated Cost of Construction:	Use:	

## PROJECT INFORMATION

Total Acres:			
Type of Construction			
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Curbs	
<input type="checkbox"/> Water	<input type="checkbox"/> Streets	<input type="checkbox"/> Sidewalks	
Regulatory Agency Approval		<input type="checkbox"/> New Structure	<input type="checkbox"/>
<input type="checkbox"/> Cicero/Jackson Plan Commission	<input type="checkbox"/> Cicero Utilities	<input type="checkbox"/> Addition	<input type="checkbox"/> Finish Space
<input type="checkbox"/> Cicero Town Council	<input type="checkbox"/>	<input type="checkbox"/> Garage	<input checked="" type="checkbox"/> Site/Land Imp.
Hamilton County Surveyor	<input type="checkbox"/> Other	<input type="checkbox"/> Structural Alteration	
Cicero Engineer		<input type="checkbox"/> Other-	

## Additional Property Information

Water Permit#	BZA Docket#	Date:
Septic Permit#	PC Docket #	Date:
Road Cut Permit #	Other Approvals	

## CERTIFICATION AND NOTICE OF INTENT TO COMPLY

Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Ordinance, Zoning Ordinance, private building restrictions, if any, which may be imposed on the above property by deed.

I further certify that the construction will not be used or occupied until the proper certificates of Occupancy and/or Compliance are filed with the office of the Cicero/Jackson Township Plan Commission.

## SIGNATURES

Approved By

Owner/ Contractor/ Builder

**APPLICANT MUST COMPLETE THE FOLLOWING**

General Contractor/ Builder:

Telephone:

Cell:

Fax:

E-mail:

Is the Property Owner the General Contractor/ Builder?

☐ **Yes**☐ **No****Foundation**

Excavators:

Phone:

Footings:

Phone:

Foundation:

Phone:

Other:

Phone:

**Rough-In**

Framing:

Phone:

Plumbing:

Phone:

Electrical:

Phone:

HVAC:

Phone:

Insulation:

Phone:

Other:

Phone:

**Final/ Finish Work**

Finish Carpenter:

Phone:

Final Grading:

Phone:

Landscape:

Phone:

Other:

Phone:

**Additional Contractor Information:**