

Permit No.



Form No. 5B
(A/02-09)

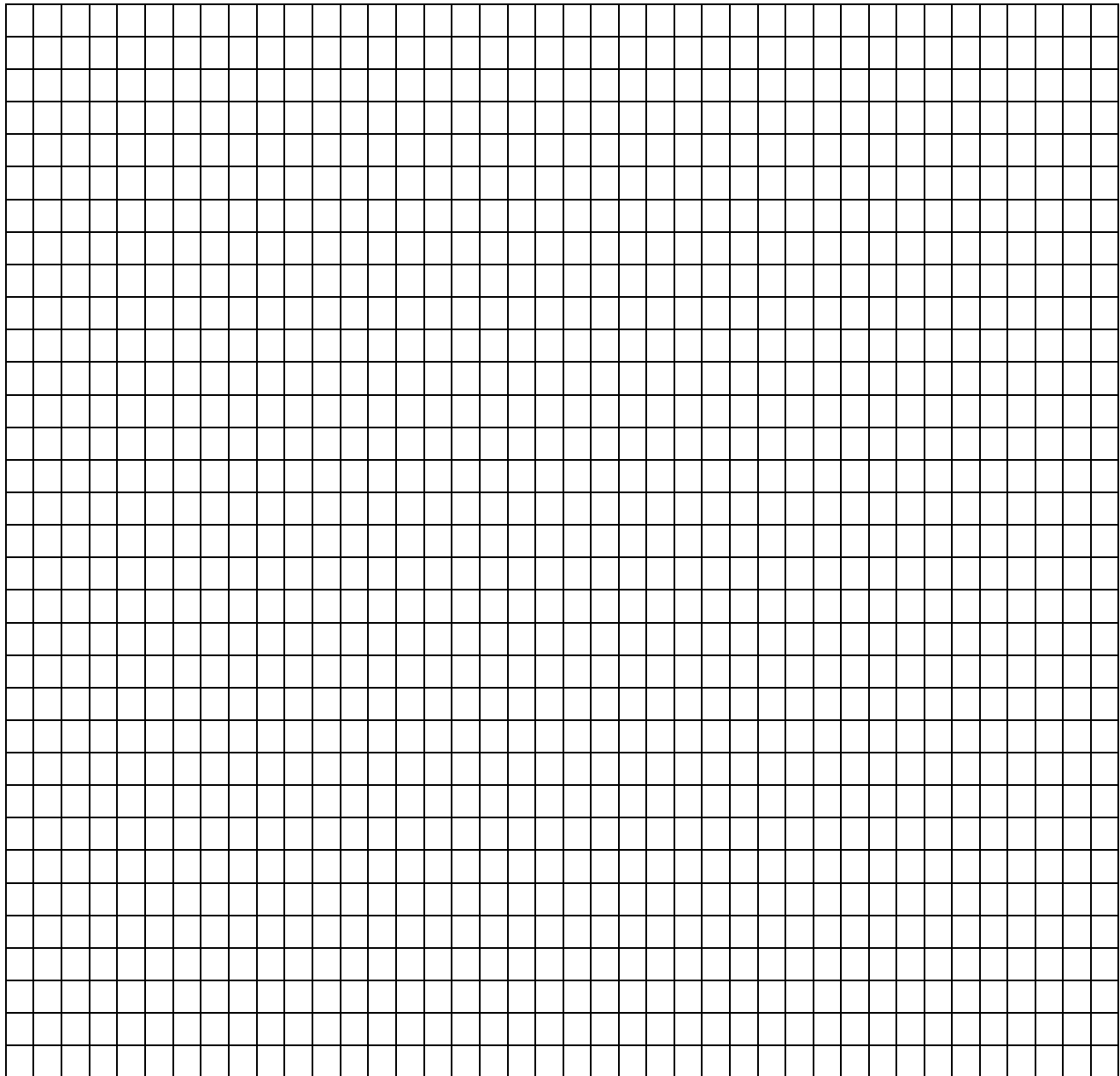
Town of Spencer Building Department
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3255

APPLICATION FOR PRIVATE ENTRANCE PERMIT

I. APPLICANT INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
II. CONTRACTOR INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
License No.:		Expiration Date:
III: PROJECT INFORMATION		
Proposed Start Date:	Surety Bond Company/Cashiers Check enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the site staked out for viewing by the Town Officials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a: <input type="checkbox"/> Commercial Entrance (please answer the questions below) <input type="checkbox"/> Residential Entrance	
What are the proposed parking arrangements?		
What are the proposed traffic control devices?		
What are the locations of the proposed traffic control devices?		
What is the proposed use of each driveway?		
What is the location of any loading docks?		

If the plans and specifications are not being provided by an Engineer or Contractor please provide below a site plan of the proposed project. The drawing shall provide a sketch drawing of the proposed project including the lot lines and the set back from each lot line.

Permit No.



= _____ Feet

I hereby certify that I understand my duties to maintain all warnings in conformance with the Indiana Manual on Uniform Traffic Control Services. I further agree to hold the Town of Spencer harmless and indemnify the Town of Spencer for any and all claims arising out of the occupation and work of the applicant pursuant to this application.

Signature:

Date:

Printed Name:	Title (if applicable):
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Office Use Only

Street Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments or Conditions of Issuance:
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Street Department Superintendent Signature:

Building Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments or Conditions of Issuance:
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Building Department Commissioner Signature:

Permit Fee	= \$ _____
No. of Inspections: _____ @ \$ _____ each = \$ _____	
Total	= \$ _____
Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check No. Receipt No.	