



**APPLICATION FOR CONSTRUCTION PERMIT
FOR SCHOOL FACILITIES**

State Form 50231 (R2 / 8-06)
INDIANA STATE DEPARTMENT OF HEALTH / SANITARY ENGINEERING
Approved by State Board of Accounts, 2006

DATE RECEIVED _____

RECEIPT NUMBER _____

PROJECT NUMBER _____

- INSTRUCTIONS:**
1. Send check or money order along with plans to:
Indiana State Department of Health
P O Box 7236
Indianapolis, IN 46207-7236
 2. Direct questions to 317/233-7177

**FAXED COPIES OF APPLICATIONS
WILL NOT BE ACCEPTED**

<p>1. OWNER _____ Name _____ Address _____ _____ Phone No. _____</p>	<p>5. The Following Documents are Attached: <i>(CHECK WHERE APPLICABLE)</i></p> <p>A. Water Supply: <input type="checkbox"/>Public <input type="checkbox"/>Existing <input type="checkbox"/>Private <input type="checkbox"/>New</p> <p>B. Plot Plan with Site Utilities <input type="checkbox"/></p> <p>C. Sewage Disposal: <input type="checkbox"/>Public <input type="checkbox"/> Existing <input type="checkbox"/>Private <input type="checkbox"/> New</p> <p>D. Plans and Specifications certified by Architect or Engineer: <input type="checkbox"/></p> <p>E. Enrollment _____ <input type="checkbox"/> (1) Pre-K/Elementary <input type="checkbox"/> (2) Secondary/Above <input type="checkbox"/></p> <p>F. Fees required by 410 IAC 6-12-17. (see other side)</p>
<p>2. OWNER'S DESIGNATED AGENT Name _____ Title _____ Address _____ _____ Phone No. _____</p>	<p>6. SIGNATURE Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date Application signed (<i>month, day, year</i>)</p>
<p>3. FACILITY (TYPE OF PROJECT) _____ Name _____ Address _____ _____ City _____ County _____ Zip _____</p>	
<p>4. ENGINEER/ARCHITECT Name _____ _____ Address _____ _____ Phone No. _____ License # _____</p>	

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR SCHOOL FACILITIES

1. Owner
Name and address of person, company, firm, municipality, authority, etc.,
2. Authorized Agent
Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project
State its name, location, and nearest possible address.
4. Name of Engineer/Architect
Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the squares indicating name of documents attached to Application. All documents are required except where inapplicable.
 - A. Specify the type of water supply serving the subject facility, and whether new or existing.
 - B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.
 - C. Specify the type of sewage disposal serving the child care facility, and whether new or existing.
 - D. Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See No. 4 above, if applicable).
 - E. Specify the building enrollment and indicate the Grade level below.
 - (1) Pre-K/Elementary
 - (2) Secondary/Above
 - F. **Fees Required** by Rule 410 IAC 6-12-17.

If this application includes the construction of an On-site Sewage Disposal System, there is a fee for the disposal system plan review. \$200
6. Signature
An application submitted by a school corporation must be signed by a school superintendent or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate.