NEW TENANT/OWNER STRUCTURAL PERMIT APPLICATION

City of Lawrence 9001 E. 59th St., Lawrence, IN 46216

Phone: (317) 545-8787 Fax #: (317) 549-4837

Permit #:_____
(OFFICE USE ONLY)

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1. _____
Address of Construction **Lot #/ Subdivision** **Name of Commercial Project**

2. **BUSINESS OWNER**

Name:_____

Address:_____ Phone Number: _____

Email:_____

3. **TYPE OF BUSINESS:** ☐ Industrial ☐Retail ☐Office ☐Warehouse ☐Restaurant ☐Other_____

4. **NUMBER OF FULL TIME EMPLOYEES:_____** 5. **NUMBER OF PART TIME EMPLOYEES:_____**

6. **AVERAGE YEARLY SALARY OF ALL EMPLOYEES:_____**

7. **EXPECTED NUMBER OF NEW EMPLOYEES WITHIN THE NEXT 12 MONTHS:_____**
FULL TIME:_____ PART TIME:_____

8. **VALUE OF CONSTRUCTION ACTIVITY: $**_____

9. **NATURE OF WORK TO BE DONE**:
- ☐ Addition
- ☐ Remodel
- ☐ Roofing
- ☐ Windows
- ☐ Mold Remediation
- ☐ Siding
- ☐ Tenant Finish
- ☐ New Owner

10. **WALL BEARING**
- ☐ Wood
- ☐ Masonry
- ☐ Concrete
- ☐ Steel

11. **TOTAL SQUARE FOOTAGE:_____**

12. APPLICANT FOR PERMITS:

Your name:_____

Business Name:_____ Lawrence License:_____

Address:_____ Phone #:_____

E-Mail:_____ Fax #:_____

The undersigned represents and promises:

The owner has authorized me to secure the building permits for this location. Information contained on this form, on the required plot plan, and on the required building plan is complete and accurate. I will be responsible for all work allowed by permits granted under this form being done in conformance with information on this form, the plot plan, the building plan, and applicable laws and ordinances. I understand that approval of plans and issuance of permits granted under this form does not obviate the need to comply with applicable laws and ordinances. I agree to hold harmless and indemnify the City of Lawrence for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his agent, principal, contractor, sub-contractor, materials man, or supplier.

Will the Homeowner/Business Owner be doing his/her own work? ☐ Yes ☐ No

PLEASE MAKE SURE ALL INFORMATION IS FILLED OUT COMPLETELY AND THIS APPLICATION IS SIGNED AND DATED.

_____ _____
Signature of Applicant, Contractor or Homeowner doing own work Date