



Residential Addition or Remodel

Application

A complete application and ALL required attachments are to be submitted prior to review.

Fees

Fees are paid when the building permit is picked up. A detailed summary of the calculated fees will be supplied with your permit.

Addition: \$275 base fee plus applicable inspections for the project

Remodel: \$215 base fee plus applicable inspections for the project

2012 Inspection and Re-inspection Fees							
	Temporary electric	Footing or slab/foundation	Rough-in electric	Rough-in plumbing	Rough-in HVAC	Rough-in framing	Final
Addition	\$125	\$125	\$125	\$125	\$125	\$125	\$500
Remodel	\$60	NA	\$125	\$125	\$125	\$125	\$250

Fees include one (1) hour of site plan review and two (2) hours of structure review. Additional review time is billed at a rate of \$125/hour.

Submittal

Applications can be submitted electronically to wpcStaff@whitestown.in.gov. The application and one copy of each of the attachments must be merged into one single pdf attachment. Applications may also be dropped off at the Whitestown Utility Office, 6999 Lexington Circle, Zionsville, IN 46077. You will be notified by email or phone when the permit is ready to be picked up.

- Application for Improvement Location Permit.
- Tax Parcel ID #: This number is required on the permit application and can be found on the Boone County GIS website at www.boonecounty.in.gov.
- Certified Site Plan (only for additions) – (two hard copies) 11”x17” or smaller. Show the location and dimensions of the existing and modified structure. Show distances from property lines, residence, and other significant structures.
- Construction Plans – (two hard copies) floor plans and a complete cross-section of the proposed structure, 11”x17” or smaller.
- Drainage Permit (may be required for additions) - Boone County Surveyor: 116 W Washington Street, Room 102, Lebanon, IN 46052, (765) 483-4444. Obtain prior to submitting application and enter permit number on the application form.
- *Homeowner’s Association Approval (if applicable)

Inspections

The permit holder is required to call in for all applicable inspections. Failure to obtain all applicable inspections could result in a zoning violation. Call (317) 313-7327 at least 48 hours in advance to schedule an inspection. Applicable re-inspection fees must be paid prior to the Final Inspection or release of the Certificate of Occupancy, whichever is applicable.

Items to Note

*The Town of Whitestown is not a part of nor is responsible for the enforcement of subdivision covenants.



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<i>For Office Use Only</i>
<i>Permit #:</i> _____
<i>Fee:</i> _____
<i>Date Issued:</i> _____
<i>Expiration Date:</i> _____

Application is hereby made for a permit to improve the premises as shown in the accompanying plans and specifications, which are made a part of this application in reliance upon which the Town of Whitestown is requested to issue an improvement location permit.

It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Town of Whitestown shall constitute sufficient ground for the revocation of this permit.

Date of Application: _____

Drainage Permit #: _____

Name of Applicant: _____

Address of Applicant: _____

Contact Person for the Permit: _____

Contact Phone: _____

Contact Mobile: _____

Contact Email: _____

Name of Contractor: _____

Address of Contractor: _____

Contact Person: _____

Contact Phone: _____

Address of Location to be Improved: _____

Subdivision: _____

Section #: _____

Lot #: _____

Tax Parcel ID#: _____

Type of Improvement: ___ addition ___ interior remodel

Area affected by remodel (sqft): _____

Area of addition (sqft): _____

Approximate Construction Cost: _____

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

Signature of Applicant: _____