Detached Accessory Application

PUTNAM COUNTY BUILDING & PLANNING

Location/Site Address _____

City _____ State _____ Zip _____

Property Owners (Current)

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

Contractor/Builder

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

Improvement Type

- ☐ Portable/Prebuilt Building
- ☐ Detached Garage
- ☐ Lean-To
- ☐ Pole Barn
- ☐ Steel Structure/Carport
- ☐ Other _____

Foundation Type

- ☐ Existing
- ☐ Slab
- ☐ Gravel

Anchor Type

- ☐ Post Holes
- ☐ Anchors
- ☐ Other (*Explain)*

Plumbing?

☐ Yes ☐ No

If YES, Health Department Approval Required

Square Footage

Length x Width = _____

Living Quarters

I understand that per the 2020 Indiana Residential Code, this structure **cannot** be converted to or used as living quarters without proper permitting. This includes a septic permit and ensuring building plans have been submitted showing Residential Code compliance. ****These structures are not built to Residential Code and do not meet the life safety standards.**

_____

Signature of Applicant

Affidavit:

The applicant must sign the building permit application in the Affidavit area. A building permit will not be issued unless signed.

I hereby swear or affirm, under penalties of perjury, that the foregoing information is complete, true, and correct to the best of my knowledge.

_____

Signature of Applicant

_____

Printed Name of Applicant

_____

Date