



**Chandler Building Commission**  
 401 E Lincoln Ave  
 Chandler, IN 47610  
[dballew@townofchandler.org](mailto:dballew@townofchandler.org)  
 Cell 812 454-1931  
 Office 812-925-6882 ext. 110

**APPLICATION FOR BUILDING/IMPROVEMENT PERMIT**

**INSTRUCTIONS:**

**A SCALE DRAWING MUST ACCOMPANY THIS APPLICATION. SCALE DRAWING SHALL INCLUDE:**

1. Dimensions and shape of the lot that proposed improvement is to be made to
2. Size and location of all existing buildings, size of required yard or parking spaces, if applicable
3. Location and dimensions of all proposed structure(s) and/or
4. Location and dimensions of existing structure(s) to be improved
5. Specifications for electrical changes, if applicable
6. Existing or proposed uses of the building & land, number of families, housekeeping or rental units, if applicable, and the current conditions that exist on the lot

**Water and Sewer Tap Fees if Applicable:**

- |                                  |                 |
|----------------------------------|-----------------|
| A. Chandler Wastewater Tap Fees: | Receipt # _____ |
| B. Chandler Water Tap Fees:      | Receipt # _____ |

Note: Building and Improvements shall conform to the Indiana Building Codes and the Town of Chandler local Building and Stormwater ordinance.

Town of Chandler Permit \_\_\_\_\_ Date of Application Click or tap to enter a date.

Name of Applicant / Contractor \_\_\_\_\_

Address \_\_\_\_\_

Applicant / Contractor Phone # \_\_\_\_\_

Property Owner \_\_\_\_\_

Location of Property \_\_\_\_\_

Proposed Improvement / New Construction \_\_\_\_\_

Total Estimated Cost of Construction \$ \_\_\_\_\_

Liability Insurance or Contractors License # \_\_\_\_\_ Bonded Yes  No

In Floodplain Yes  No  Property Zoning \_\_\_\_\_

Improvement / Building Permit Fee: \_\_\_\_\_

I certify that the information given in this application to the best of my knowledge and belief is true and accurate. I have received, read, understand and will follow the Comprehensive Zoning Ordinance Requirements.

Applicants Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Permit will expire six (6) months after its approval date, unless project has been started. Substantial completion must occur within one (1) year.

Permit issued by Town of Chandler Building Department \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_