

OFFICE OF THE BUILDING COMMISSIONER, CITY OF MUNCIE, INDIANA
Application for Temporary Structure

Building Permit Number: _____

_____ Site Plan

Date: _____

Project Owner: _____ Phone: _____

Owner's Mailing Address: _____

Location of Project: _____ Business Name: _____

General Contractor: _____ Business Name: _____

Address: _____ Phone: _____

Elect. Contractor: _____ Phone: _____

Address: _____

Htg./AC Contractor: _____ Phone: _____

Address: _____

Plumbing Contractor: _____ Phone: _____

Address: _____

Estimated Construction Cost: _____ **Length of time at this location:** _____

TYPE OF STRUCTURE: Tent: _____ Job Trailer: _____
Envir. Trailer: _____ Greenhouse: _____

ZONING: Zone _____ Gross Square Feet _____

Department of Natural Resources:

Project Located in Floodplain yes _____ no _____

Base Flood Elevation _____

Flood Protection Grade _____ (2 feet above base flood elevation)

Historical Area: yes _____ no _____

Print Applicant Name

Sign Applicant Name

Address

Phone