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

Date: ______________________
Project Owner: _________________________________________ Phone: _____________________
Owner’s Mailing Address: _________________________________________________________________
Location of Project: ____________________________________ Name: _____________________
Business
General Contractor: _____________________________________ 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 ____________________________

(rev.6/3/03)