



APPLICATION FOR CONSTRUCTION PERMIT FOR CHILD CARE FACILITY

State Form 49454 (R4 / 11-18)
INDIANA STATE DEPARTMENT OF HEALTH / HEALTH CARE ENGINEERING

- INSTRUCTIONS:**
1. Send check or money order along with application to:
Indiana State Department of Health
Attention: Cashier's Office
2 North Meridian Street, Suite 2-C
Indianapolis, IN 46204
 2. Direct questions to (317)233-8761

DO NOT SEND OR SUBMIT PLANS AT THIS TIME.

<p>1. OWNING ENTITY _____ Name _____ Address _____ City, State, ZIP _____ Telephone Number _____ E-Mail _____</p>	<p>5. Verify the following information: (CHECK WHERE APPLICABLE.)</p> <p>A. Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>B. Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New</p> <p>C. Fees Required by 410 IAC 6-12-17. <input type="checkbox"/> (See other side.)</p>
<p>2. OWNER'S DESIGNATED AGENT (If different from section 1.) Name _____ Title _____ Address _____ City, State, ZIP _____ Telephone Number _____ E-Mail _____</p>	<p>6. SIGNATURE OF PERSON COMPLETING FORM Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date Application Signed (month, day, year)</p>
<p>3. FACILITY (TYPE OF PROJECT) <input type="checkbox"/> New <input type="checkbox"/> Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition Name _____ Address _____ City, State, ZIP _____ County _____</p>	
<p>4. ENGINEER / ARCHITECT Name _____ Address _____ City, State, ZIP _____ Telephone Number _____ E-Mail _____ License Number: _____ [Exactly As Shown On Pocket Card] Signature _____</p>	

**INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR
CHILD CARE FACILITIES**

1. Owing Entity
Name and address of person, company, firm, municipality, authority, etc., that will own the completed project.
2. Owner's Designated Agent
Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project
State its name, location, and nearest possible address.
4. Name of Engineer/Architect
Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications. **License number and a signature (including date signed) must be provided. License number must be exactly as shown on pocket card.**
5. Check the squares indicating name of documents attached to Application. All documents are required except where inapplicable.
 - A. Specify the type of water supply serving the subject facility, and whether new or existing. Check NEW if the facility/site has never been previously approved for child care use.

Plot plan or plans to scale showing property lines, structures, roads, and site utilities. Check NEW if the facility/site has never been previously approved for child care use.
 - B. Specify the type of sewage disposal serving the subject facility, and whether new or existing.

Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See Number 4 above, if applicable.)

Indicate the age and number of children by designated area for which this facility will be licensed.
 - C. **Fees Required** by Rule 410 IAC 6-12-17.

If this application includes the construction of an On-site Sewage Disposal System, there is a fee for the disposal system plan review. \$200
6. SIGNATURE
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.