Reset Form

APPLICATION FOR CONSTRUCTION PERMIT FOR SCHOOL FACILITIES

State Form 50231 (R3 / 3-12)
INDIANA STATE DEPARTMENT OF HEALTH / HEALTH CARE ENGINEERING
Approved by State Board of Accounts, 2012

INSTRUCTIONS: 1. *Send check or money order along with application to:*
Indiana State Department of Health
Attention: Cashier's Office
P O Box 7236
Indianapolis, IN 46207-7236
2. *Direct questions to 317/233-8761*

DO NOT SEND OR SUBMIT PLANS AT THIS TIME.

FACILITY IDENTIFICATION NUMBER:

SCHOOL CORPORATION/
OWNER_____

Name _____

Address _____

City, State, ZIP _____

Telephone Number _____

E-Mail _____

2. OWNER'S DESIGNATED AGENT
(If different from section 1.)

Name _____

Title _____

Address _____

City, State, ZIP_____

Telephone Number _____

E-Mail _____

3. FACILITY (TYPE OF PROJECT)
☐ New Construction ☐ Renovation ☐ Addition

Name _____

Address _____

City, State, ZIP_____

County _____

4. ENGINEER/ARCHITECT

Name _____

Address _____

City, State, ZIP _____

Telephone Number _____

E-Mail _____

License Number: | | | | | | | | | | |
[Exactly As Shown On Pocket Card]

Signature _____

5. Verify the following information:
(CHECK WHERE APPLICABLE.)

A. Water Supply: ☐ Public ☐ Existing ☐ Private ☐ New

B. Sewage Disposal: ☐ Public ☐ Existing ☐ Private ☐ New

C. Total Enrollment _____

(1) Pre K ☐

(2) K thru 2nd ☐

(3) 3rd and Above ☐

(4) Charter ☐ Yes ☐ No

D. **Fees Required** by 410 IAC 6-12-17. ☐

(See other side.)

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.

_____
Printed Name of Person Signing

_____
Title

_____
Signature of Owner or Designated Agent

_____
Date Application Signed *(month, day, year)*

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR SCHOOL FACILITIES

1. Owning Entity

   Name and address of person, company, firm, municipality, authority, etc., that will operate the completed project/school.

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 applicable items.

   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 school purposes.

   B. Specify the type of sewage disposal serving the subject facility, and whether new or existing. Check NEW if the facility/site has never been previously approved for school purposes.

   C. Specify the building enrollment and indicate all applicable grade levels.

   D. **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.