



**Town of Ellettsville**  
**Department of Planning Services**

P.O. Box 8, Ellettsville, IN 47429 ♦ (812) 876-8008 ♦ [planning@ellettsville.in.us](mailto:planning@ellettsville.in.us)

**Floodplain  
 Development  
 Permit  
 Application**

Permit No. \_\_\_\_\_ County Application No. \_\_\_\_\_

<b>Applicant</b>	Check if Applicant is Property Owner <input type="checkbox"/>
Name _____	Date Filed _____
Address _____	City/Town/Zip _____
E-mail _____	Phone No. (     ) _____

**Property Owner** (If same as applicant, proceed to Permit Details section)

Name \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

**Permit Details** Building Permit Required Yes  No

Address \_\_\_\_\_ Zoning \_\_\_\_\_

Description of Work \_\_\_\_\_

Parcel No. \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Assessed Value \$ \_\_\_\_\_ Source \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_ Square Feet \_\_\_\_\_

New Construction/Substantial Improvement Yes  No

Has this structure been improved previously Yes  No

Describe prior work/date completed \_\_\_\_\_

Base Flood Elevation \_\_\_\_\_ Lowest Adjacent Grade Elevation \_\_\_\_\_

Outside Utilities Elevations \_\_\_\_\_

**Documents**

Floodplain Analysis and Regulatory Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Elevation Certificate(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Contractor's Estimate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Date Paid _____ Date Issued _____	<b>Permit Fees</b>
Check No. _____ Planning Receipt No. _____	
Reviewed By _____	
	Permit Fee \$ _____
	Review Fee \$ _____
	Total Fees \$ _____