



CITY OF BLOOMINGTON UTILITIES

600 E Miller Drive, Bloomington, IN 47401

<https://bloomington.in.gov/utilities/review>

Phone: 812-339-1444

Utility Project Review Application

New Residential Construction and/or Residential Improvement Projects

- CBU's review of your building permit will not begin until the completed form and all requested documentation is received via email at: UtilitiesPlanReview@bloomington.in.gov. Typically, reviews are completed within 1-2 weeks of submission depending upon each project's complexity and where it falls within the queue. Once complete, an email notification will be issued to all parties listed below and comments added to the permit portal. If you have additional questions, please contact our office prior to submission.
- The submission to CBU must include a **Scaled Site Plan** showing the following items: Location Address, North Arrow, Existing & Proposed Structures, Utilities, Easements, Setback & Parcel Lines, Septic Tank/System (if applicable), Landscaping/trees, and provide the dimensions of each structure/feature and the distance it is located from the parcel lines and any utility infrastructure on the parcel.
- Any changes to existing plumbing requires the submission of a plumbing plan showing the existing layout and proposed changes and completion of a fixture count form showing the pre and post remodel fixture quantities. (Remodel form is available on our website.)

Construction may not begin until an approval has been issued by City of Bloomington Utilities and any other applicable agencies.

Monroe County Building Permit #: _____ ☐ Inside City Limits ☐ Outside City Limits

Location Address _____

Development / Addition Name _____ **Lot #:** _____

Project Description _____

(Check all that apply for your project)

Property Use: ☐ Single Family (1 unit) ☐ Duplex ☐ Tri-plex ☐ Quad (4)-plex

Project Includes the Following Item(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> New Home Construction | <input type="checkbox"/> Interior Remodel (no plumbing work) | <input type="checkbox"/> Interior Remodel (includes plumbing changes) |
| <input type="checkbox"/> Exterior Site Changes Only | <input type="checkbox"/> Deck / Porch Addition | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Pool Installation | <input type="checkbox"/> Fence Installation | <input type="checkbox"/> Addition of Shed / Detached Garage |
| <input type="checkbox"/> Landscaping Changes / Trees | <input type="checkbox"/> Irrigation System Installation | <input type="checkbox"/> Addition of Accessory Dwelling Unit (ADU) |
| <input type="checkbox"/> Septic Tank System Installation | <input type="checkbox"/> Septic Tank Removal / CBU Sewer Connection | |
| <input type="checkbox"/> Water Service Upgrade Needed | <input type="checkbox"/> Other _____ | |

Permit Applicant / Project Manager:

Company: _____

Email: _____

(required contact)

Contact Name: _____

Phone: _____

Engineering / Architect / Designer:

Company: _____

Email: _____

(include if applicable to this project)

Contact Name: _____

Phone: _____

Property Owner / Developer:

Company: _____

Email: _____

(required contact)

Contact Name: _____

Phone: _____

Contractor / Plumber / Other Interested Party:

Company: _____

Email: _____

(include if applicable to this project)

Contact Name: _____

Phone: _____

(continued on the reverse side)

CITY OF BLOOMINGTON UTILITIES

PLUMBING FIXTURE COUNT

ADDRESS _____ Residential
use _____

Are most of the fixtures listed, for public use? YES NO

Are water closets and urinal predominantly Flushometers? YES NO

# OF EACH	TYPE OF FIXTURE
_____	Bathroom Sink
_____	Bathtub/Shower Combo
_____	Bathtub only
_____	Bar Sink
_____	Bidet
_____	Clothes Washer
_____	Cuspidor
_____	Direct line connection Coffee/Tea Maker
_____	Dishwasher, residential
_____	Dishwasher, Commercial
_____	Disposal, Commercial Spray
_____	Drinking Fountain
_____	Fountain Drink Dispenser
_____	Hose Bib (outside hose connect)
_____	Ice Maker, residential
_____	Ice Machine, Commercial
_____	Kitchen Sink, residential
_____	Kitchen Bay Sinks, (# of bays, Commercial)
_____	Laundry Tub
_____	Shower Head - shower stall only
_____	Service/Mop Sink
_____	Urinals, Pedestal
_____	Urinals, Wall
_____	Urinals, Tank
_____	Toilet, (with tank)
_____	Toilet, Flushometer (tankless)
_____	Wash/Janitorial Sink

Please list, in GPM, any continuous demand needs and their purpose:
