

# Plan Authentication Affirmation

Columbus/Bartholomew County  
Department of Technical Code Enforcement  
440 Third Street Room 302, Columbus, Indiana 47201  
Office 812-379-1535

Application #: _____
State Project #: _____
Permit #: _____
Received by: _____
Date Received: _____

I, \_\_\_\_\_, as a duly appointed and authorized, agent or  
Name of Representative  
representative, of \_\_\_\_\_, do hereby certify, attest, and affirm  
Company/ Contractor Name  
that the plans submitted for the building, construction, rebuilding, remodeling or addition

to, of the following project: \_\_\_\_\_,  
Project Name as Stated on State Release  
are identical to those submitted to, reviewed by, approved and released by the State of  
Indiana Department of Fire and Building Services Plan Review Department, including all  
omissions, corrections or amendments.

I, \_\_\_\_\_, understand that the providing of altered, revised,  
unapproved in part or whole plans will automatically invalidate any plan reviews,  
permits, inspections, and/ or certificates of occupancy, temporary or permanent, related to  
the above project, subject myself and any interest I represent to substantial fines and  
prosecution.

I, \_\_\_\_\_, further acknowledge that no plan reviews, permits or  
inspections relieve myself, or the interest I represent, from building, constructing,  
rebuilding, remodeling or adding to any structure in compliance with all applicable, state,  
federal, or local laws, codes or ordinances.

Project Name: \_\_\_\_\_

State Project Number: \_\_\_\_\_

Release Date: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_

Street Address: \_\_\_\_\_

Type of Release: \_\_\_\_\_

Company Responsible for Permit: \_\_\_\_\_

Representative Name (print): \_\_\_\_\_

Representative Name (signature): \_\_\_\_\_