



**APPLICATION FOR CONSTRUCTION  
DESIGN RELEASE FOR  
INDUSTRIALIZED  
BUILDING SYSTEMS OR MOBILE  
STRUCTURES**  
State Form 22349 (R5 / 7-00)

Return to: Indiana Department of Fire and  
Building Services  
Office of the State Building Commissioner  
Code Enforcement Division  
402 West Washington Street Room W246  
Indianapolis, Indiana 46204-2739

**FILING REQUIREMENTS**

1. One original application with signatures, seals, etc.
2. Minimum of two (2) sets of plans, specification, quality control manual, etc, plus additional set of plans, specification, quality control manual, etc. for each plant producing the unit shall be furnished in hard bound binders 8 ½ x 11". (Each completed width of unit and each number of floors constitutes a different "system".)
3. Each "system" to be in a separate binder.
4. Correct filing fee(s).
5. Please print clearly.

**MANUFACTURER CERTIFICATION**

*To the best of my knowledge, the plans and specification for the construction covered by the application complies with all applicable building laws.*

Authorized Applicant Name (Please print)	Telephone Number ( )	E-Mail
Authorized Applicant Signature	Applicant Title	
Manufacturer Name		
Manufacturer Address (number and street)	City, State, Zip Code	
Authorized Third Party Inspection Agency (if utilized)	Name of Inspector(s)	

**DESIGN PROFESSIONAL CERTIFICATE**

As the design professional for which this application, to include plans and specifications, is being filed, I hereby certify:

1. I am qualified and competent to design such buildings, structures, and systems;
2. The plans and specifications filed in conjunction with this application were created by me and/or by persons under my immediate personal supervision and comply with all applicable building laws and rules of the Commission;
3. The data contained on this application are correct and correspond with the plans and specifications filed in conjunction with this application;
4. The design professional identified below will inspect at regular intervals of frequency, which will insure review of each unit during one or more phases of manufacture, for conformance with the plans and specification and rules of the Commission; and
5. I affirm under penalty of perjury that the representation contained herein is true, and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature	Name of Firm (if applicable)	
Name (type or print)	Address (number and street)	
Indiana Registration Number	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer	City, State, Zip Code
Telephone Number	E-mail	
Inspecting Design Professional	Registration Number	Telephone Number ( )

**AUTHORIZED THIRD PARTY INSPECTOR**

Inspection Company Name	Name of Inspector
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