

LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

Please print in ink - Completed application will be processed within 48 hours

Site Plan is required - Incomplete application will not be processed

Applicant Information

| | | |
|----------|----------|-----------|
| Name: | Phone #: | |
| Address: | | |
| City: | State: | Zip Code: |

General Project Information

| | | | | |
|----------------------------|---------------------------|-----------------|------------------|-----------------|
| Address of Improvement: | | Township: | | |
| Description of Project: | | Parcel #: | | |
| Type of Use: | Commercial/Industrial () | Residential () | Agricultural () | |
| Dimensions of Improvement: | (L) | (W) | (H) | Size (Sq. Ft.): |
| Setbacks: | Side: | Side: | Front: | Rear: |

Additional Project Information

| | | | |
|------------------------|------------------|----------------------------|------------------------------|
| Estimated Cost: | | Estimated Completion Date: | |
| Contractor's Name: | | Phone #: | |
| Health Dept. permit #: | C.C. Curb Permit | LMU Permit | |
| Subdivision : | Foundation type | (Circle one) | Slab / Crawlspace / Basement |
| Mobile Home: Make | Yr. | Serial # | State Form 7878 |

The undersigned hereby certifies the following:

- 1.) That all constuction requested by this application will comply with all City, State and Federal regulations.
- 2.) That the completed project will conform to the site plan and application presented or legal action may be taken.
- 3.) That inspections are required before a Certificate of Occupancy may be issued. (See reverse side.)
- 4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.
- 5.) That all information in this application is true and accurate.

Signature of Applicant / Representative:

| | |
|--------------------|------|
| Please Print Name: | Date |
|--------------------|------|

CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____

TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF

| | | | | | |
|--|---|----------|------------|------------|------|
| Zoning Class | Does the project conform to this zoning classification? | | Yes | No | |
| Flood Zone | Elevation Certificate Required? | Yes | No | | |
| Is a confined feed operation within 1320 feet? | Yes | No | | | |
| Within an Overlay District? | Airport | Downtown | Front Door | Riverfront | None |
| Approved: | Denied: | Date: | Signature: | | |

NOTES:

| | |
|----------------------|-------------------------------|
| Building Permit Fee: | ILP Permit Fee: |
| Total Permit Fee: | ILP #: _____ Receipt #: _____ |

REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following information.

- 1) Property Lines
- 2) Existing buildings or structures on the site with approximate distances
- 3) Location and dimensions of the proposed improvement
- 4) Distance of the proposed improvement from all property lines
- 5) Adjacent streets or roads labeled.

B) Commercial, Industrial, public or institutional buildings or additions to such a building shall be accompanied by complete construction drawings approved by the Department of Fire and Building Services.

C) The following services are necessary:

FOOTER: _____

ROUGH IN: _____

FINAL: _____

D) Inspections are to be scheduled at least 24 hours in advance.

Signature of Applicant / Representative: _____

Please Print Name: _____ Date: _____

SAMPLE SITE PLAN:

