

# 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*

Property Owner Information		* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD	
Name:		Phone #:	
Address:		Email:	
City:		State:	Zip Code:
General Project Information			
Address of Improvement:		Township:	
Description of Project:		Owned ( ) Leased ( )	
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 construction 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.: Footer; Rough-In (if applicable); Final      Please call 24 hours in advance			
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.			
<b>Signature of Applicant / Representative:</b>			
<b>Please Print Name:</b>		<b>Date</b>	
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____</b>			
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	Gateway	Riverfront
Grissom			
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 inspections are necessary before a Certificate of Occupancy will be issued:

FOOTER: \_\_\_\_\_ Measure the holes before they are filled

ROUGH IN: \_\_\_\_\_ Before the drywall is installed (if applicable)

FINAL: \_\_\_\_\_ When project is completed

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

## EXAMPLE OF A SITE PLAN

