

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													
Name:						Phone #:							
Address:													
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.													
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		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

