# DEVELOPMENT GUIDE BOOK -57-FE September 2019

#### **PURPOSE**

<u>Purpose:</u> The Development Guidebook provides valuable information and answers about the most frequently encountered regulations and review processes for building and development within Logansport, Cass County, or Walton. The guidebook describes in detail how plans are reviewed and what developers, contractors and citizens can expect at each stage of the review process. Anyone who wants to develop in Logansport, Cass County, or Walton will now have at their fingertips what is required and/or where to go for answers. It is the Planning Department's goal to streamline the development approval process for businesses and individuals. Please keep in mind that this Guidebook is NOT intended to be a substitute for talking to our staff.

You should also be aware that obtaining all of the necessary permits, approvals and licenses before starting any development project is your responsibility. The staff liaisons are there to help, but you are ultimately responsible for your project. This Guidebook primarily contains summary information. The complete texts, including the specific rules, regulations, and requirements you must comply with are available in the various department offices during business hours, Monday through Friday, 8:00 am - 4:00 pm. We strongly encourage you to obtain copies of any regulations that may apply to your development project before you begin the application process.

This booklet as well as all development applications may be obtained online at the following websites:

Logansport: www.cityoflogansport.org

Cass County and Walton: www.co.cass.in.us

<u>Mission Statement:</u> To provide solution oriented services to the communities of Logansport, Cass County, and Walton through the application of professional skills, adopted plans, and standards which facilitate the growth of the local economy; preserves the natural and historic environment and enhances the quality of the built environment for current and future generations.

#### PRE-APPLICATION MEETING

In order to process an application more effectively, a pre-application conference with a member of the Planning staff is highly recommended. The applicant should bring any information available on the site/structure in question. At this meeting the applicant will describe the project being considered and the planning staff will figure out which application is appropriate, which review body is responsible for final actions, and will discuss what criteria will be used to determine the final action on the permit. Staff will explain the criteria and intent of the comprehensive plan, zoning ordinance, and design guidelines as they relate to the project. Application forms detailing the requirements and fee necessary for application may also be obtained at the pre-application meeting.

#### SUBMIT DEVELOPMENT APPLICATION

The applicant should submit a completed Development Application Package to the Logansport/Cass County Planning Department. At the time of filing, the applicant may choose to review the material with a Planner or Zoning Administrator to ensure that all the required information is provided.

Filing deadlines are approximately 21 days prior to the desired Plan Commission or Board of Zoning Appeals meeting.

#### INTERDEPARTMENTAL STAFF REVIEW

Following the receipt of a complete application package, staff will evaluate the proposal by conducting an investigation of the site and reviewing its conformance with the appropriate comprehensive plan, zoning ordinance, design guidelines, and assessing its overall impact on its environment. Written or verbal staff comments will be communicated to the applicant. The applicants can then make revisions and resubmit the development plans if needed. A written report, which reviews the development proposal and provide staff recommendations, will be prepared. A copy of this report will be sent to the applicant prior to the Plan Commission or Board of Zoning Appeals meeting.

#### **MEETING TIMES**

| MEETING                               | JURISDICTION | DATE  | TIME    | LOCATION   | APPLICATION DUE (due at) |
|---------------------------------------|--------------|---|---------|--|--------------------------|
|                                       | Cass County  | 1 <sup>st</sup> Tuesday                       | 8:30AM  | County<br>Commissioners<br>Hearing Room<br>(Court House) | 21 days before Meeting   |
| Plan Commission                       | Walton       | 1 <sup>st</sup> Monday                        | 6:00PM  | Walton Town Hall   | 21 days before Meeting   |
|                                       | Logansport   | 2 <sup>nd</sup> Monday                        | 4:00PM  | City Council<br>Chambers<br>(City Building)              | 21 days before Meeting   |
|                                       | Cass County  | 4 <sup>th</sup> Monday                        | 6:00PM  | County<br>Commissioners<br>Hearing Room<br>(Court House) | 21 days before Meeting   |
| Board of Zoning<br>Appeals            | Walton       | 4 <sup>th</sup><br>Wednesday                  | 7:00PM  | Walton Town Hall   | 21 days before Meeting   |
|                                       | Logansport   | 3 <sup>nd</sup> Monday                        | 5:00PM  | City Council<br>Chambers<br>(City Building)              | 21 days before Meeting   |
| Comb                                  | Cass County  | 1 <sup>st</sup> Monday                        | 1:00PM  | County<br>Commissioners<br>Hearing Room<br>(Court House) | 14 days before Meeting   |
| County<br>Commissioners               | Cass County  | 3 <sup>rd</sup> Monday                        | 1:00PM  | County<br>Commissioners<br>Hearing Room<br>(Court House) | 14 days before Meeting   |
| Architectural<br>Review<br>Commission | Logansport   | 1 <sup>st</sup> and 3 <sup>rd</sup><br>Friday | 7:30AM  | City Council<br>Chambers                                 | 21 days before Meeting   |
| Walton Town<br>Hall                   | Walton       | 1 <sup>st</sup> Monday                        | 6:30PM  | Walton Town Hall   | 14 days before Meeting   |
| City Council                          | Logansport   | 1 <sup>st</sup> Monday                        | 6:30PM  | City Council<br>Chambers<br>(City Building)              | 14 days before Meeting   |
| Board of Works                        | Logansport   | Every<br>Wednesday                            | 10:00AM | City Council<br>Chambers<br>(City Building)              | 7 days before Meeting    |

#### **PUBLIC NOTICE**

#### What is a Public Hearing?

A public hearing is a meeting of which the subject, date, time and location has been made known through publication and to appropriate interested parties. A public hearing is conducted before the appropriate Board or Commission in a formal manner based off their Bylaws and Procedures. The purpose of a public hearing is to provide a forum for the review and discussion of development and redevelopment requests which allows for the input of the public as well as that of officials, staff, and the party making the request.

#### When is a Public Hearing Required?

The following is a list of development requests which require public hearings and the board or commission before which they are heard:

| Special Exception                         | Board of Zoning Appeals              |
|---|--------------------------------------|
| Variance— Development Standards           | Board of Zoning Appeals              |
| Variance— Use                             | Board of Zoning Appeals              |
| Variance- Floodplain                      | Board of Zoning Appeals              |
| Appeal of Decision                        | Board of Zoning Appeals              |
| Rezoning/PUD                              | Plan Commission and Legislative Body |
| Subdivision/Replat – Preliminary Approval | Plan Commission                      |
| Some Development Plan Reviews             | Plan Commission                      |
| Road or Alley Vacation                    | Legislative Body                     |

#### How is Public Notice given?

Once a complete application for a public hearing item is on file with the Planning Department, a Notice of Public Hearing is forwarded to the Pharos Tribune (local newspaper) for publication. This notice must be published at least 10 days in advance of the hearing date.

#### Who receives Certificate of Mailing notices?

Notices are mailed to Interested Parties as specified within the Bylaws and Procedures post marked 12 days before the hearing by certificate of mailing. The written notice and mailing list will be prepared by planning staff. The written notice will contain basic information such as the date of the hearing, the time, the location, the topic, and primary contact person.

#### How is a Public Hearing Conducted?

Once a public hearing docket has been opened by the appropriate board or commission, the hearing proceeds as follows:

- A The staff makes a brief presentation regarding the item under discussion.
- B. The petitioner then makes a brief presentation regarding his/her request.
- C The floor is then opened for comments from the public.
- D. The petitioner is given the opportunity to rebut any comments from the public.
- E The public input portion of the hearing is then closed, and the board or commission enters into deliberation upon the request.
- F. The board or commission states their decision.

#### 11/1/20

#### **FEE SCHEDULE - Cass County**

The following fees may be waived by the Building Commissioner or Zoning Administrator upon good cause. When determining if good cause exists the Building Commissioner or Zoning Administrator may consider the following:

I. Whenever the interest of justice or public policy may require 2. If classified as a governmental institution

| A | Residential  | Fee       |  |
|---|--|-----------|--|
|   | Single Family Dwelling   | \$100     | + 7 cents per SF +\$10 ILP fee   |
|   | Multi-Family Dwelling  | \$100     | +7 cents per SF 1st unit + \$30 for each additional unit +\$10 ILP fee |
|   | Addition to Dwelling   | \$50      | + 5 cents per SF +\$10 ILP fee   |
|   | Accessory Building of Structure  | \$50      | + 5 cents per SF + \$10 ILP fee  |
|   | Accessory Structure on Skids   | \$20      | + \$10 ILP fee   |
|   | Moving Accessory Structures on Skids from site to site                                     | \$10      |  |
|   | Garage or Carport  | \$50      | per car space + \$10 ILP fee   |
|   | Razing Structure   | \$50      | No charge if demolition is part of new construction                    |
|   | In-ground Pool   | \$100     | + \$10 ILP fee   |
|   | Permanently Installed Above Ground Pool  | \$75      | + \$10 ILP fee   |
|   | Mobile Home Park   | \$150     | + \$10 per Mobile Home Space + \$50 ILP fee                            |
|   | Remodeling:  |           |  |
|   | Structural Changes & UnFinished to Finished Changes  | \$50      |  |
| В | Commercial, Public, Semi-public & Industrial   | Fee       |  |
|   | New Construction/Additions/Accessory   | \$300     | + 12 cents per SF +\$50 ILP fee  |
|   | New Construction/Additions/Accessory for Institutions                                      | \$100     | + 7 cents per SF + \$50 ILP fee  |
|   | Razing Structure   | \$100     | No charge if demolition is part of new construction                    |
|   | Confined Feed Operation  | \$30      | + 3 cents per SF +\$50 ILP fee   |
|   | Accessory Structure on Skids   | \$20      | + \$50 ILP fee   |
|   | (excluding Commercial & Industrial)  |           |  |
|   | Moving Accessory Structures on Skids from site to site (excluding Commercial & Industrial) | \$20      |  |
| С | Miscellaneous Permits  | Fee       |  |
|   | Signage  | \$20      | + \$1 per SF of sign face +\$50 ILP fee                                |
|   | Portable / Tow-in Signs  | \$30      | + \$50 ILP fee   |
|   | Off-Premise Sign   | \$100     | + \$1 per SF + \$50 ILP fee  |
|   | Temporary Use  | \$50      |  |
|   | Change of Occupancy (Commercial & Industrial)  | \$50      |  |
|   | Reinspection Residential   | \$50      |  |
|   | Reinspection Commercial/Industrial   | \$100     |  |
|   | Requested Inspection   | \$35      |  |
|   | After the Fact   | Double th | e Original Permit Cost   |
|   | Wireless Facilties   | \$0       |  |
|   | Administration Fee for Unsafe Property Inspections   | \$250     |  |
| D | Improvement Location Permit  |           |  |
|   | Residential, Public/Semi-public, Agricultural  |           |  |
|   | (except confine feed)  | \$10      |  |

|          | Commercial & Industrial   | \$50  |   |
|----------|---|---|---|
| Е        | Home Occupation   |   |   |
|          | Simple  | \$25  |   |
|          | Major   | \$50  |   |
|          | Cottage Industry  | \$75  |   |
| F        | Petition of the Board of Zoning Appeals   | Fee   |   |
|          | Petitioner to bear the cost of notification   |   |   |
|          | Use Variance  | \$215   |   |
|          | Special Exception   | \$165   |   |
|          | Variance from Developmental Standards   | \$215   |   |
|          | Appeal of Administrative Decision   | \$50  |   |
| G        | Petition to Plan Commission   | Fee   |   |
|          | Petitioner to bear the cost of notification   |   |   |
|          | Amendment to Zoning Maps  | \$265   |   |
|          | Planned Unit Development  | \$215   | plus + \$10 per unit/ lot                                     |
|          | Development Plan Review   | \$90  |   |
|          |   |   |   |
| Н        | Subdivisions (with subdivision of preliminary plat)   | Fee   |   |
| Н        | Subdivisions (with subdivision of preliminary plat)  Petitioner to bear the cost of notification  | Fee   |   |
| н        |   | <b>Fee</b><br>\$115   |   |
| Н        | Petitioner to bear the cost of notification   |   | + \$15 per lot  |
| Н        | Petitioner to bear the cost of notification  Minor Subdivision  | \$115   | + \$15 per lot  |
| <b>H</b> | Petitioner to bear the cost of notification  Minor Subdivision  Major Subdivision   | \$115<br>\$165  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification  Minor Subdivision  Major Subdivision  Vacation of Plat/ Re-plat  | \$115<br>\$165<br>\$65  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps   | \$115<br>\$165<br>\$65  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification  Minor Subdivision  Major Subdivision  Vacation of Plat/ Re-plat  Documents and maps  Comprehensive Plan  | \$115<br>\$165<br>\$65<br><b>Fee</b><br>\$20  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan  | \$115<br>\$165<br>\$65<br><b>Fee</b><br>\$20<br>\$20  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance   | \$115<br>\$165<br>\$65<br><b>Fee</b><br>\$20<br>\$20<br>\$20  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance Subdivision Control Ordinance   | \$115<br>\$165<br>\$65<br><b>Fee</b><br>\$20<br>\$20<br>\$20<br>\$20  | + \$15 per lot  |
|          | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance Subdivision Control Ordinance Comprehensive Map Zoning Maps  Renewable Energy Permits                       | \$115<br>\$165<br>\$65<br>Fee<br>\$20<br>\$20<br>\$20<br>\$10<br>\$10   | + \$15 per lot  |
| ı        | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance Subdivision Control Ordinance Comprehensive Map Zoning Maps  Renewable Energy Permits Application Fee       | \$115<br>\$165<br>\$65<br>Fee<br>\$20<br>\$20<br>\$20<br>\$10<br>\$10<br>Fee<br>\$20,000                        | + \$15 per lot  (50% will be applied to the building permit.) |
| ı        | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance Subdivision Control Ordinance Comprehensive Map Zoning Maps  Renewable Energy Permits Application Fee Tower | \$115<br>\$165<br>\$65<br><b>Fee</b><br>\$20<br>\$20<br>\$20<br>\$10<br>\$10<br><b>Fee</b><br>\$20,000<br>\$500 |   |
| ı        | Petitioner to bear the cost of notification Minor Subdivision Major Subdivision Vacation of Plat/ Re-plat  Documents and maps Comprehensive Plan Thoroughfare Plan Zoning Ordinance Subdivision Control Ordinance Comprehensive Map Zoning Maps  Renewable Energy Permits Application Fee       | \$115<br>\$165<br>\$65<br>Fee<br>\$20<br>\$20<br>\$20<br>\$10<br>\$10<br>Fee<br>\$20,000                        | (50% will be applied to the building permit.)                 |

#### ORDINANCE #2016-24 ADOPTED 9/12/2016

#### FEE SCHEDULE - LOGANSPORT

The following fees may be waived by the Building Commissioner or Zoning Administrator upon good cause. When determining if good cause exists the Building Commissioner or Zoning Administrator may consider the following:

| Whenever the interest of justice or public policy           | may require   | 2. If classified as a governmental institution             |
|---|---------------|--|
| A Residential   | Fee           | G  |
| Single Family Dwelling                                      | \$100         | + 7 cents per SF +\$10 ILP fee                             |
| Multi-Family Dwelling                                       | \$100         | +7 cents per SF 1st unit + \$30 for each additional unit + |
| , 0   | ·             | \$10 ILP fee   |
| Addition to Dwelling  | \$50          | + 5 cents per SF +\$10 ILP fee                             |
| Accessory Building of Structure                             | \$50          | + 5 cents per SF +\$10 ILP fee                             |
| Garage or Carport   | \$50          | per car space + \$10 ILP fee                               |
| Renovation or Remodel                                       | \$50          | + \$5 per \$1000 of value                                  |
| Roof Alteration & Re-roofing                                | \$50          | + \$5 per \$1000 of value                                  |
| Sidewalk, Driveway and / or Curb Cut                        | \$50          | + \$5 per \$1000 of value                                  |
| Razing Structure  | \$50          | No charge if demolition is part of new construction        |
| In-ground Pool  | \$100         | +\$10 ILP fee  |
| Permanently Installed Above Ground Pool                     | \$75          | + \$10 ILP fee   |
| Mobile Home Park  | \$150         | + \$10 per Mobile Home + \$50 ILP fee                      |
| Electrical /Mechanical /Plumbing Upgrade                    | \$50          | +\$5 per \$1000 of value                                   |
| A separate fee will be required for each item to be upgrade | ded.          |  |
| B Commercial, Public, Semi-public & Industrial              | Fee           |  |
| New Construction & Additions                                | \$300         | + 12 cents per SF + \$50 ILP fee                           |
| Sprinkler System  | \$150         | -2 conta por cr. 400 i.z. 100                              |
| Storage Tanks   | \$200         |  |
| Commercial Hood Systems Type I & 2                          | \$200         |  |
| Razing Structure  | \$100         | No charge if demolition is part of new construction        |
| Renovation or Remodel / Parking lots                        | \$100         | +\$5 per \$1000 of value                                   |
| Electrical /Mechanical /Plumbing Upgrade                    | \$100         | +\$5 per \$1000 of value                                   |
| A separate fee will be required for each item to be upgrad  | ded.          | ·  |
| C Miscellaneous Permits                                     | Ess           |  |
|   | Fee<br>¢20    | + ¢   par ¢E of sign face + ¢EO    P foe                   |
| Signage<br>Portable / Tow-in Signs                          | \$20<br>\$100 | + \$1 per SF of sign face + \$50 ILP fee<br>+\$50 ILP fee  |
| Off-Premise Sign  | \$100         | + \$1 per SF + \$50 ILP fee                                |
| Temporary Use   | \$100<br>\$50 | The St. 430 ILI IEE  |
| Home Occupation   | \$30<br>\$25  |  |
| Change of Occupancy (Commercial & Industrial)               | \$50          |  |
| Certificate of Occupancy                                    | \$100         |  |
| Garage Sale - 1 or 2 days                                   | \$5           |  |
| Garage Sale - 3 or 4 days                                   | \$10          |  |
| Modification to Downtown Development Application            | \$50          |  |
| After the Fact  | Double the    | Original Permit Cost                                       |
| Reinspection Residential                                    | \$50          | •  |
| Reinspection Commercial/Industiral                          | \$100         |  |
| Improvement Location Permit Residential                     | \$10          |  |
| Improvement Location Permit Commercial/Industrial           | \$50          |  |

| D   | Architectural Review Committee                      |                |   |
|-----|---|----------------|---|
|     | PUD Development Plan Review Major                   | \$90           |   |
|     | PUD Development Plan Review Minor                   | \$35           |   |
|     | Variance From Developmental Standards               | \$215          |   |
|     | Minor Subdivision                                   | \$115          |   |
|     | Major Subdivision                                   | \$165          | + \$15 per lot                                |
|     | •   |                | ·   |
| Е   | Historic Preservation                               |                |   |
|     | Petitioner to bear the cost of notification         |                |   |
|     | Designation   | \$65           |   |
|     | Dedesignation                                       | \$315          |   |
|     | Certificate of Appropriateness Sign (Deposit)       | \$20           |   |
| F   | Petition of the Board of Zoning Appeals             | Fee            |   |
| '   | Petitioner to bear the cost of notification         | 1 66           |   |
|     | Use Variance  | \$215          |   |
|     | Special Exception                                   | \$165          |   |
|     | Variance from Developmental Standards               | \$165<br>\$215 |   |
|     | Appeal of Administrative Decision                   | \$213<br>\$50  |   |
|     | Appeal of Administrative Decision                   | φου            |   |
| G   | Petition to Plan Commission                         | Fee            |   |
|     | Petitioner to bear the cost of notification         |                |   |
|     | Amendment to Zoning Maps                            | \$265          |   |
|     | Planned Unit Development                            | \$215          | plus + \$10 per unit/ lot                     |
|     | Development Plan Review                             | \$90           |   |
| н   | Subdivisions (with subdivision of preliminary plat) | Fee            |   |
|     | Petitioner to bear the cost of notification         |                |   |
|     | Minor Subdivision                                   | \$115          |   |
|     | Major Subdivision                                   | \$165          | + \$15 per lot                                |
|     | Vacation of Plat/ Re-plat                           | \$65           |   |
|     | D   | Γ              |   |
| •   | Documents and maps                                  | Fee<br>\$20    |   |
|     | Comprehensive Plan                                  |                |   |
|     | Thoroughfare Plan                                   | \$20<br>\$20   |   |
|     | Zoning Ordinance                                    | \$20           |   |
|     | Subdivision Control Ordinance                       | \$20           |   |
|     | Comprehensive Map                                   | \$10           |   |
|     | Zoning Maps   | \$10           |   |
| J F | Renewable Energy Permits                            | Fee            |   |
|     | Application Fee                                     | \$20,000       | (50% will be applied to the building permit.) |
|     | Tower   | \$500          | per mega watt / Development Fund \$1200       |
|     | Small & Micro Wind                                  | \$20           | per instrument                                |
|     | Permanent Met Tower                                 | \$200          |   |
|     |   |                |   |

#### **FEE SCHEDULE - WALTON**

The following fees may be waived by the Zoning Administrator upon good cause. When determining if good cause exists the Zoning Administrator may consider the following: 1. Whenever the interest of justice or public policy may require 2. If classified as a governmental institute

| Α | Residential   | Fee   |  |
|---|---|---|--|
|   | Single Family Dwelling  | \$75 + 7cents per SF                          |  |
|   | Multi-Family Dwelling   | \$75  | + 7cents per SF 1st unit + \$20 for each additional unit |
|   | Addition to Dwelling (including decks)  | \$25  | +2 cents per SF  |
|   | Exterior Changes in excess of \$1000  |   |  |
|   | value (including siding, windows, roofing, roof   |   |  |
|   | alterations, and other similar improvements)  | \$20  | + \$5 per \$1000 value                                   |
|   | Garage or Carport   | \$25  | per car space  |
|   | Accessory Building or Structure   | \$25  | + 5cents per SF  |
|   | Accessory Structure on Skids  | \$20  |  |
|   | In-ground Pool  | \$50  |  |
|   | Permantly Installed Above Ground Pool   | \$25  |  |
|   | Razing structure  | \$25  | no charge if demolition is part of new construction      |
|   | Mobile Home Park  | \$100   | + \$5 per mobile home space                              |
| В | Commercial Bublic Comi nublic 9 Indu  | otwiel (New O Additions)                      |  |
| В | Commercial, Public, Semi-public & Indu  | ,   |  |
|   | New Construction & Additions  | \$150 +12cents per SF                         |  |
|   | Exterior Changes in excess of \$1000  |   |  |
|   | <b>value</b> (including siding, windows, roofing, roof alterations, and other similar improvements) | \$20  | + \$5 per \$1000 value                                   |
|   | Accessory Structure on Skids (excluding   | \$20<br>\$20                                  | + \$5 per \$1000 value                                   |
|   | Commercial & Industrial)  | ΨΖΟ   |  |
|   | Razing Structure  | \$50  | no charge if demolition is part of new construction      |
|   | Renovation or Remodel / Parking Lots  | \$50 + \$2 per \$1000 of                      | project cost   |
|   |   |   |  |
| С | Subdivisions (Petitioner bears the cost of r  |   |  |
|   | Minor Subdivision   | \$105   |  |
|   | Major Subdivision   | \$130<br>************************************ | + \$15 per lot   |
|   | Vacation of Plat/ Re-plat   | \$80  | + \$15 per lot   |
| D | Signs   |   |  |
| _ | Signage   | \$20 + \$1 per SF                             |  |
|   | Portable, mobile or "Tow-IN"  | \$30  |  |
|   | Off-premise Sign  | \$100   | plus \$1 per SF  |
|   | On-premise oign   | ψ100  | pido w i pei Oi  |
| Ε | Improvement Location Permit   |   |  |
|   | Residential, Public/Semi-public,  | <b>.</b>                                      |  |

\$10 \$50

#### F Petition of the Board of Zoning Appeals (Petitioner to bear the cost of notification)

| Use Variance                          | \$165 |
|---------------------------------------|-------|
| Special Exception                     | \$115 |
| Variance from Developmental Standards | \$165 |
| Appeal of Administrative Decision     | \$65  |

Agricultural (except confine feed)

Commercial & Industrial

| G | Petition to Plan Commission (Petitione | r to bear the cost of notification) |
|---|--|-------------------------------------|
|   | Americal meant of the Zenina Mana      | <b>#420</b>                         |

| Amendment of the Zoning Maps | \$130 |                               |
|------------------------------|-------|-------------------------------|
| Planned Unit Development     | \$130 | plus + \$10 per dwelling unit |
| Development Plan Review      | \$80  |                               |

#### H Temporary Use Permit \$25

#### I Home Occupation Permit \$25

#### J Change of Occupancy

Commercial & Industrial \$25

#### K Documents and maps

| Comprehensive Plan            | \$20 |
|-------------------------------|------|
| Thoroughfare Plan             | \$20 |
| Zoning Ordinance              | \$20 |
| Subdivision Control Ordinance | \$20 |
| Comprehensive Map             | \$10 |
| Zoning Maps                   | \$10 |

#### L After the Fact Permit

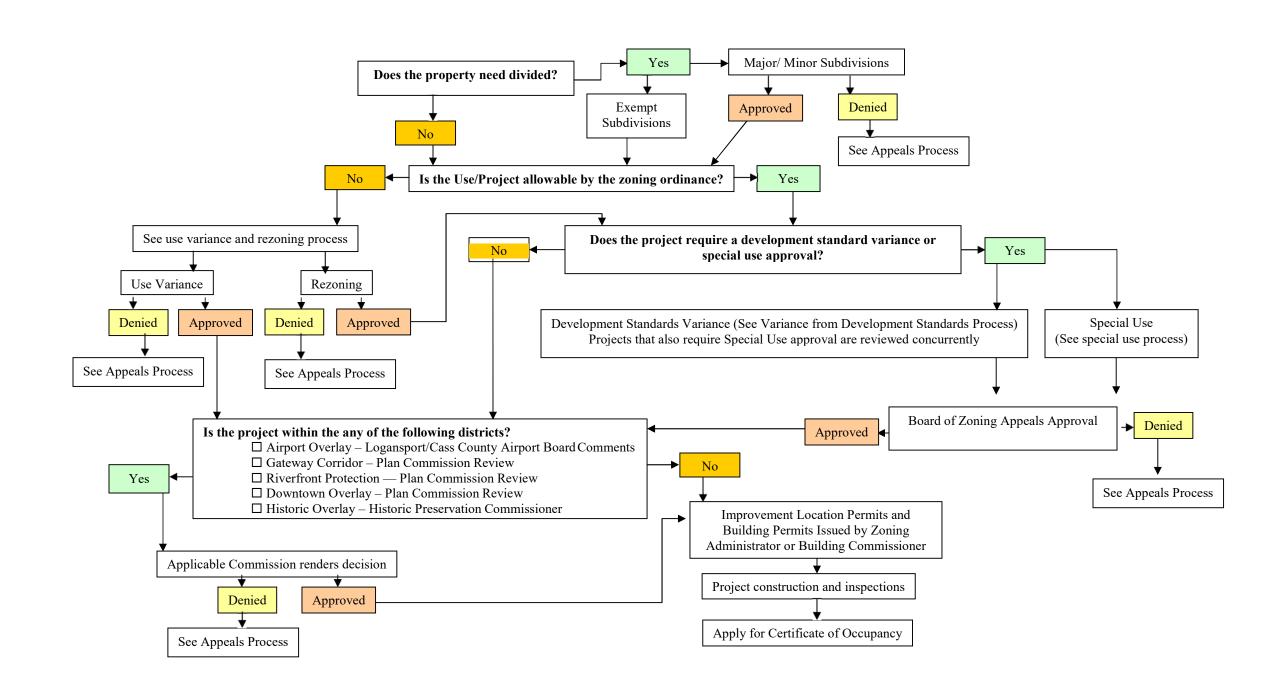
Double the Original Permit Cost

24 X 36

#### **N Communication Permits**

Application Fee \$200
If existing, additional antenna fee \$20/antenna

#### The Development Process



# Submit Applications including Plans Residential Plans are emailed to Technical Review Committee for review After review some revisions may need made before final sign-off TECHNICAL REVIEW PROCESS Submit Applications including Plans Commercial/Industrial A meeting is setup for Technical Review Committee and Applicant to review plans

#### When is a Technical Review required?

Commercial, industrial, public and semi-public construction projects and subdivisions will require a Technical Review by entities that may provide service for the project. The developer/owner or contractor will be responsible for allowing the entities to review their plans and "sign off" on a routing sheet provided by the Zoning Administrator or Subdivision Administrator.

If an existing land use or structure is changed in use or is enlarged in floor area, number of employees, number of housing units, seating capacity, or otherwise, to create a need for an increase in the number of existing parking or loading spaces, said use and structure will require a Technical Review.

In addition to projects such as these it is the practice of the Planning Department to send all proposals of the Board of Zoning Appeals, Plan Commission, as well as residential projects out to the Technical Review Committee. By doing this we are trying to make sure everything has been taken care of prior to the issuance of an Improvement Location Permit and the Building Permit. After being emailed out to the full committee it will then be determined if a full Technical Review Process will need to be done for the project.

#### Cass County Technical Review Committee

Logansport Municipal Utilities 601 E. Broadway Rm. 101 Logansport, IN 46947 (574)753-6231

Highway Department 1251 SR 17 Logansport, IN 46947 (574)753-6766

Fire District 1444 Holland St. Logansport, IN 46947 (574)516-1056

NIPSCO 1619 W. Logansport Rd. Peru, IN 46970 (765)472-6457

Cass County Health Department 512 High St. Logansport, IN 46947 (574)753-7760

Frontier Communications 3216 Imperial Parkway Lafayette, IN 47909 (765)423-3531

Soil & Water Conservation District 906 E. Broadway Logansport, IN 46947 (574)753-4705 extension 3 Planning/Zoning Department 200 Court Park Rm. 306 Logansport, IN 46947 (574)753-7775

Cass County Economic Development 200 Court Park Logansport, IN 46947 (574)753-7770

Surveyor 200 Court Park Rm. 306 Logansport, IN 46947 (574) 753-7843

Gas & Fuel Company – Kokomo 900 E. Boulevard Kokomo, IN 46904 (765) 459-4101

REMC – Miami Cass US 31 & Miami CR 100 N Peru, IN 46970 (765) 459-4101

#### Logansport Technical Review Committee

Logansport Municipal Utilities 601 E. Broadway Rm. 101 Logansport, IN 46947 (574)753-6231

Department of Public Works 612 Race St. Logansport, IN 46947 (574)753-2610

Fire Department 630 High St. Logansport, IN 46947 (574)753-3102

NIPSCO 1619 W. Logansport Rd. Peru, IN 46970 (765)472-6457

Cass County Health Department 512 High St. Logansport, IN 46947 (574)753-7760

Frontier Communications 3216 Imperial Parkway Lafayette, IN 47909 (765)423-3531

Soil & Water Conservation District 906 E. Broadway Logansport, IN 46947 (574)753-4705 extension 3 Planning/Zoning Department 200 Court Park Rm. 306 Logansport, IN 46947 (574)753-7775

CLEDO 311 S. Fifth St. Logansport, IN 46947 (574)722-5988

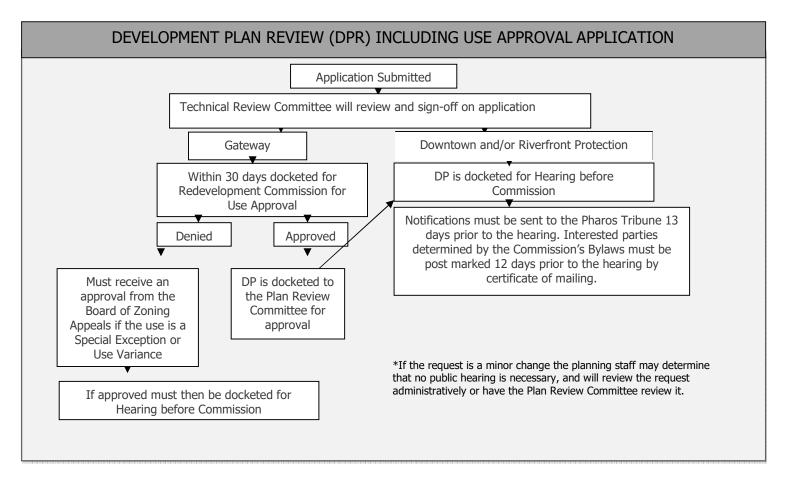
#### SITE DEVELOPMENT ROUTING SHEET

In order for all affected agencies and departments to be aware of development proposals, new commercial construction, large additions, demolitions, and sub-divisions, a routing sheet process has been designed to allow review of projects. Once the Improvement Location Permit has been applied for, a routing sign-off sheet will be attached, with agencies and departments listed. The applicant is responsible for taking the routing sheet to the departments to review the proposal, signed, and dated. Once the routing sheet is returned to the Building Commissioner or Zoning Administrator, the Improvement Location Permit and proper Building Permits will be issued if all other Ordinances and State Codes are met.

\*Note: Not all departments may need to review, depending on jurisdiction.

| PETITIONER INFORMATION    | N                     |                             |
|---------------------------|-----------------------|-----------------------------|
| Applicant's Name:Address: |                       |                             |
| Telephone Number:         |                       |                             |
| OWNER INFORMATION (if d   |                       |                             |
| *Owner's Name:            |                       | ,                           |
| *Telephone Number:        |                       |                             |
| RESPESENTATIVE INFORMA    | ATION (if different t | from applicant information) |
| * A 1.1                   |                       |                             |
| *Telephone Number:        |                       |                             |
| Name of Proposed Project: |                       |                             |
|                           |                       |                             |
| Department:               | Date:                 | Comments:                   |
| Zoning Dept               |                       |                             |
|                           |                       |                             |
|                           |                       |                             |
| Planning Dept             |                       |                             |
|                           |                       |                             |
|                           |                       |                             |
| Building Comm             |                       |                             |
|                           |                       |                             |
|                           |                       | _                           |
| Wastewater:               |                       |                             |
|                           |                       |                             |
|                           |                       |                             |

| <b>Department:</b>    | Date: | <b>Comments:</b> |
|-----------------------|-------|------------------|
| Stormwater:           |       |                  |
| Water:                |       |                  |
| Elect Dept.:          |       |                  |
| Street Dept./Highway: |       |                  |
| Fire Dept.:           |       |                  |
| NIPSCO:               |       |                  |
| Health Dept.:         |       |                  |
| Soil & Water:         |       |                  |
| REMC:                 |       |                  |
| Frontier:             |       |                  |



Following materials must be included: Filing:

- Complete Application
- Agent Authorization Letter and/or Owner Affidavit, signed and notarized (if different than applicant)
- Existing Site Map including vicinity map, existing structures, and vegetation
- Site Plan

Following material must be included if applicable:

- Primary Plat in accordance with the Subdivision Control Ordinance
- Supplementary Sign Form
- Supplementary Landscaping/Parking Form
- Details including material, color and design of fenestration, awnings, facades, lighting, walls, fences, planters, and etc.
- Protective Covenants or Maintenance Agreements
- Statement of the proposed order of development, if phased project
- Other information that may be required by the respective overlay district

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport

Make checks payable to City of Logansport or Cass County Treasurer \$80

Make checks payable to the Town of Walton

#### Public Notice: (if going to full Plan Commission)

#### Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

#### **Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties will be provided to the applicant.

Affidavit showing that the notice has been published in the paper

#### Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission or Committee during the public hearing/meeting. Committee meetings are scheduled after complete application has been submitted.

- Logansport: 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.
- Cass County: 1st Tuesday of the Month at 8:30am in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport
- Walton: 1st Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

#### DPR is required in the following situations:

- A. Any construction, reconstruction, or structural alterations & additions of any structure or structures;
- B. Establishment or change of any land use on any property within an affected district;
- C. Demolition within the DOD.
- D. Any vehicle and pedestrian circulation, parking, landscaping, signage, lighting, and any facade alterations & additions relating to the historical and/or architectural importance of a structure.

#### The following are specifically exempted from DPR:

- A. New construction, improvements, or additions of residential structures on lots of record as of the adoption date of this amendment to the Ordinance provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- B. New construction, improvements, or additions of residential structures on lots within minor or major subdivisions approved by the Commission after the adoption date of this amendment to the Ordinance provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- C. Agricultural land used as cropland, orchards, pasture and grazing, and accessory structures for such agricultural purposes provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- D. The provision of essential services as defined in Article Two of the Ordinance.
- E. Any development which has received Planned Unit Development approval in accordance with Section 606 of this Ordinance and IC 36-7- 4-1500 series.
- F. Additions to existing structures as long as the following are met:
  - 1. Are attached to the existing structure;
  - 2. Continue the architectural design of the existing structure, including exterior color and materials, doors and windows, and other details;
  - 3. Meet requirements of the overlay district it is constructed within;
  - $4.\ Do\ not\ exceed\ 25\%$  of the original Gross Floor Area of the existing structure, applicable from the effective date of this Section; and
  - 5. Have received prior Development Plan (DP) approval for the site.
- G. Detached Accessory Structures as long as the following are met:
  - 1. Shall have on all sides the same building proportions, architectural features, construction materials, and in general be architecturally compatible with the Principal Building(s) with which it is associated.:
  - 2. Meet requirements of the respective overlay district;
  - 3. Do not exceed 5% of the entire developed area that received prior DP approval.

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306 Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE US           | SE ONLY: |
|-------------------------|----------|
| File Number:            |          |
| Date Application Filed: |          |
|                         |          |

### Application for USE APPROVAL (Section 406)

|  | Redevelopment Commission  |
|--|---|
| * *  | be completed and filed with the Logansport/Cass County/Walton Planning nce with the meeting schedule. |
| APPLICANT INFOR                                  | RMATION   |
|  |   |
| Address:   |   |
| <b>Telephone Number:</b>                         |   |
| OWNER INFORMA                                    | TION (if different from applicant information)  |
| Owner's Name:<br>Address:                        |   |
| Telephone Number:                                |   |
| RESPESENTATIVE                                   | INFORMATION (if different from applicant information)   |
| Representative: Address:                         |   |
| Telephone Number:                                |   |
| -  | of Property:  |
| 9  | description of property:  |
| What use is being req                            | uested (be specific):   |
| By my signature, I ack belief, are true and corr | nowledge the above information and attached exhibits, to my knowledge and rect.                       |
| Applicant's Signature:                           | (If signed by representative for applicant, state capacity)   |
| ·  | (== ==0=== = - ) = - [ = = = = = = = = = = = = = = = = =  |
| REQUEST WIL                                      | L BE PRESENTED TO THE COMMISSION THISDAY OF, 20AT   |

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306 Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:         |
|------------------------------|
| File Number:                 |
| Date Application Filed:      |
| Article/Section Reference #: |
|                              |

#### **Application for DEVELOPMENT PLAN/DP AMENDMENT** (Section 400)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

| This application must be        | ompleted and filed with the Logansport Cass County, waiton I lamming | Берагип |
|---------------------------------|--|---------|
| APPLICANT INFORM                | ATION  |         |
| Applicant's Name:Address:       |  |         |
| Telephone Number:               |  |         |
| OWNER INFORMATION               | ON (if different from applicant information)                         |         |
| Owner's Name:<br>Address:       |  |         |
| Telephone Number:               |  |         |
| RESPESENTATIVE IN               | FORMATION (if different from applicant information)                  |         |
| Representative:Address:         |  |         |
| Telephone Number:               |  |         |
| <b>Zoning Classification of</b> | Property:  |         |
| Address or common des           | eription of property:  |         |
| Legal description of pro        | perty affected:  |         |
| Present Use:                    |  |         |
| Proposed Use and Natur          | e of Project:  |         |
|                                 |  |         |
|                                 |  |         |

#### Requirements for Filing a Petition for a DEVELOPMENT PLAN/ DP Amendment

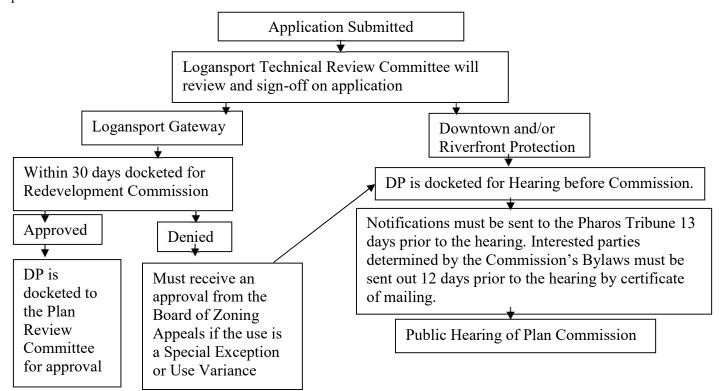
Application requirements and process information come from Sections 400 of the Zoning Ordinance. It is advised that the applicant carefully read these sections prior to filing. Below is a checklist of items that are required for a complete filing.

#### Application must include the following applicable materials:

| ☐ Filing Fee  |     |
|---|-----|
| ☐ Existing Site Map including vicinity map, existing structures, and vegetation   |     |
| ☐ Site Plan in accordance with the Zoning Ordinance Section 902.03B   |     |
| ☐ Primary Plat in accordance with the Subdivision Control Ordinance   |     |
| ☐ Supplementary Sign Form   |     |
| ☐ Supplementary Landscaping/Parking Form  |     |
| ☐ Details including material, color and design of fenestration, awnings, facades, lighting, walls, fence planters, and etc. | es, |
| ☐ Protective Covenants or Maintenance Agreements  |     |
| ☐ Statement of the proposed order of development, if phased project   |     |
| ☐ Other information that may be required by the respective overlay district   |     |

#### **Development Plan Process**

The following is a chronological listing of the steps required for processing a development plan or development plan amendment.



<sup>\*</sup>If the request is a minor the planning staff may determine that no public hearing is necessary, and will review the request administratively or have the Plan Review Committee review it.

<sup>\*</sup>Note: approvals are valid for a period of two years. If a Permit has not been issued with the 2 years the approval is rescinded.

#### Finding of Facts to be considered

|          | R    | EQUEST WILL BE PRESENTED TO THE COMMISSION THISDAY OF, 20AT  |
|----------|------|--|
| Zoning . | Ad   | ministrator Date   |
| Applica  | ıtio | on is Determined Complete  |
| търпса   | 11t  | s Signature:(If signed by representative for applicant, state capacity)  |
|          |      |  |
|          |      | nature, I acknowledge the above information and attached exhibits, to my knowledge and belief, and correct.  |
|          |      | Improvements, signage and outdoor righting.  |
|          | 7.   | The impacts of more intense development be reduced through aesthetically pleasing design of the property, such as buffering and landscaping, appropriate height, scale, building materials, and style of improvements, signage and outdoor lighting:   |
|          | 6.   | The arrangement of uses on site are in relation to functional, efficient, and compatible arrangements with the site and adjacent uses:   |
|          | 5.   | The mitigation of safety hazards and congestion is properly designed and located for all streets, easements, highways, and/or roadway access, including the determination that the capacity of such highways or roadways are sufficient to safely and efficiently accept the projected increase in traffic and new streets or easements are compatible with existing and planned streets and developments: |
|          | 4.   | The traffic be managed in a manner that creates conditions favorable to the health, safety, conveniences, and the harmonious development of the community, such as properly designed interior traffic lanes, pedestrian sidewalks and bicycle pathways, parking and loading facilities, and driveway curb cuts:  |
|          | 3.   | The development of the property is setup to allow for green space and appropriate sight lines, including building setback lines, maximum lot coverage, building separation, and other specific development requirements within the Zoning Ordinance:   |
|          | 2.   | The availability and coordination of all utilities, including water, sanitary sewers or on-site septic systems, surface and subsurface storm water drainage and all other utilities have been reviewed:  |
|          | 1.   | The development be compatible with surrounding uses and the Comprehensive Plan:  |

Logansport/Cass County/Walton Planning Department 601 E. Broadway, Room 303

Logansport, IN 46947 Ph: 574-753-4381

Fax: 574-722-3430

| File Number:            |  |
|-------------------------|--|
| Date Application Filed: |  |
|                         |  |

FOR OFFICE USE ONLY:

## The City Of Logansport Development Plan Review: Downtown Overlay District LANDSCAPING APPLICATION

(Section 407)

This application must be submitted with the Development Review Application: General Application. This application should be accompanied by the following supporting documentation:

- Photographs of site and buildings
- A landscape plan showing all existing and proposed elements with Plant Schedule
- Proposed lighting (if applicable)

| Details of the Nature of Work Proposed (Attach separate sheet if necessary)                               |
|---|
| Include a plant list that indicates plant quantity, type, spacing and size. Refer to zoning ordinance for |
| spacing, size and quantity requirements:  |
|   |
|   |

#### The Landscape Plan should include:

- Building Footprint (outline) of structures showing placement on the property.
- Location, size and dimensions of existing and proposed streets, alleys, utility easements, driveways, parking lots, parking aisles, and sidewalks.
- Number and location of off-street parking and loading spaces for the project.
- Show curbs, wheel stops or other permanent barriers used in the protection of landscape areas.
- Location and dimensions (L x W x H) of proposed landscape buffer strips, description of landscape materials used in the buffer strip.
- Location of required site/perimeter, street and parking lot trees.
- Location of existing and proposed site lighting.
- Locations of proposed plant materials with Plant Schedule. Plant Schedule to include a complete description of plant materials shown on the landscaping plan including names (common and scientific), quantities, container or caliper sizes at installation, heights and spacing.
- Location, height and description of proposed screening and fencing to be provided near off street parking, loading areas and dumpsters.
- Size, location, description of areas such as plazas, covered walkways, fountains, lakes and ponds, seating areas and outdoor recreation areas.

- Location, diameter and name of all protected trees on the lot. Existing trees on the lot (that meet the requirements of the zoning ordinance) may be documented as a required site, street or parking lot trees.
- Indication of which trees will be removed and detail of the trees to be removed: species, size and location.

Parking Lot: Required Landscaping (Landscape Plan, Location and Plant Schedule required):

| Location:             | Ordinance reference:   |                                 |  |
|-----------------------|--|---------------------------------|--|
| <u>Site/Perimeter</u> | 407.06 I(2)(1): Where parking abuts the site perimeter there shall be provided at least one (1) understory tree per 20 feet of site perimeter. The landscaping plan shall include a full complement of overstory, ornamental and evergreen trees, shrubbery, and ground covers which are hardy and which provide year-round color and interest.  |                                 |  |
|                       | Required number of: Provided number of:  |                                 |  |
|                       | Site Perimeter =feet   | Site Perimeter =feet            |  |
|                       | Trees:   | Trees: Shrubs:                  |  |
|                       | *for office use only   | Groundcovers:                   |  |
| <u>Street</u>         | 407.06I(2)(d): Wherever a surface parking area faces a street, such frontage shall be screened with a decorative wall, railing, hedge, or a combination of these elements, to a minimum height of 3 feet and a maximum height of 3 and one half feet above the level of the parking lot, and the build-to-zone. Additional screen shall include trellises, trees or other landscaping elements. Plant screening shall be effective within four years of planting.  |                                 |  |
|                       |  | Provided number of:             |  |
|                       |  | Trees: Shrubs:<br>Groundcovers: |  |
| <u>Parking</u>        | 407.06 I(2)(j):At least 10% of the total land area within the perimeter of parking lot and driveway areas shall be landscaped. Landscaped areas provided within the build-to-zone may be credited toward this 10% landscaping requirement on a square foot for square foot basis, for up to half of the 10% requirement.  407.06 I(2)(k): No more than eight (8) consecutive parking spaces are permitted without a landscape island of at least six (6) feet wide and extending the entire length of the parking space. Each island shall have at least one overstory tree (meeting the requirements of Section 306.13 (c) and be covered with grass, shrubs or living groundcover. |                                 |  |
|                       | Required square footage:   | Provided square footage:        |  |
|                       | 10%=sq. ft.  | 10%=sq. ft.                     |  |
|                       |  | (use an additional sheet        |  |
|                       | *for office use only   | for calculations if necessary)  |  |

#### 

Applicant Signature:

Logansport/Cass County/Walton Planning Department 601 E. Broadway, Room 303

Logansport, IN 46947

Ph: 574-753-4381 Fax: 574-722-3430

| FOR OFFICE U              | ISE ONLY: |
|---------------------------|-----------|
| File Number: _            |           |
| Date Application Filed: _ |           |
|                           |           |

# The City Of Logansport Downtown Development Review: Development Plan Review SIGNAGE APPLICATION (Section 407)

This application must be submitted with the Development Plan Review Application: Downtown Overlay District, General Application. This application should be accompanied by the following supporting documentation:

- Samples of swatches, paint colors and/or materials to be used
- · Proposed lighting
- Photographs of site and adjacent buildings

| • A landscape plan showing all existing and proposed elements (if applicable) |                        |   |                        |  |
|---|------------------------|---|------------------------|--|
|   |                        | Proposed (Attach separatials and colors to be used) | te sheet if necessary) |  |
|   |                        |   |                        |  |
|   |                        |   |                        |  |
|   |                        |   |                        |  |
| Location of   | f Existing Signs (if a | upplicable):  |                        |  |
|   | <b>5 5</b> ,           | PP  | Type(s):               |  |
|   |                        |   | Total square Feet:     |  |
| Location of   | f Proposed Signs:      |   |                        |  |
|   |                        |   |                        |  |
| Sign(s) Rea   | ad(s):                 |   |                        |  |
|   |                        |   |                        |  |
| Type of Sig   | gn(s):                 |   |                        |  |
| Wall:   | Canopy:                | Monument:   | Projecting:            |  |
| If a wall sig   | n. indicate location:  |   |                        |  |

| Size of Sign(s)                    | <b>):</b>        |                     |  |
|------------------------------------|------------------|---------------------|--|
| Width:                             | Height:          | Depth:              | Total square feet:                       |
| Materials/Styl                     | le               |                     |  |
| Metal:                             | Color            | _                   |  |
| Wood:                              | Color            | _                   |  |
| Plastic:                           | Color            | _                   |  |
| Glass:                             | Color            | _                   |  |
| Other                              | Color            | <del>-</del>        |  |
| Type of Moun                       | ating:           |                     |  |
| Sign Lighting                      |                  |                     |  |
|                                    |                  |                     | Number proposed:                         |
|                                    |                  |                     | Height from grade:                       |
|                                    |                  | Style (Inc          | clude specifications):                   |
| Landscaping (                      | (if applicable): |                     |  |
| Location of lar                    | ndscape areas:   |                     |  |
| Proposed lands                     | scape material:  |                     |  |
|                                    |                  |                     |  |
|                                    |                  |                     |  |
|                                    |                  |                     |  |
|                                    |                  |                     |  |
| By my signatus<br>belief, are true |                  | bove information an | d attached exhibits, to my knowledge and |
| Applicant Nam                      | ne:              |                     | Date:                                    |
|                                    | ature:           |                     |  |

# Application Submitted two weeks before regular scheduled meeting Application Submitted two weeks before regular scheduled meeting Applicant must make public notice by placing sign in the in the yard 10 days prior to the meeting Historic Preservation Commission must docket and hear the case within 30 days of complete filed Approve

Filing: Following materials must be included:

- Completed Application
- New Construction
  - (1) Site plan indicating existing structures, driveways, major landscaping, and location of proposed new buildings, driveways, and landscaping
  - (2) Photographs showing a view of the street with the building site and adjacent properties,
  - (3) Elevations of proposed new building,
  - (4) Description or sample of materials to be used.
  - (5) Any additional supporting materials necessary for the Board of Review to make a decision.
- Rehabilitation of an Existing Structure and Major Landscaping:
  - (1) Photographs indicating existing conditions,
  - (2) Description of samples of materials to be used
  - (3) For a substantial rehabilitation, applicant must also supply site plans, elevations, floor plans, and additional supporting materials necessary for the Historic Preservation Commission to make a decision.

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Logansport

\$20 (deposit for sign)

Make checks payable to City of Logansport

#### Public Notice:

Sign must be placed in the front yard of the property 10 days prior to the meeting.

\*Sign must be brought back to the Planning Department at the meeting.

#### Representation at Public Meeting:

You or your legal representative must be present for your petition to be heard before the Historic Preservation Commission.

**Logansport:** 2<sup>nd</sup> Thursday of the Month at 8:45am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport

Certificate of Appropriateness: Upon designation of an area as a historic district, a Certificate of Appropriateness issued by the Logansport Historic Preservation Commission shall be required before a permit is issued for, or alteration begins on, any of the following:

- A. Within all areas of the historic district:
  - 1. Demolition of any building;
  - 2. Moving any building;
  - 3. Conspicuous change in the exterior appearance of an existing building classified as historic by additions, reconstruction, alteration, or maintenance involving exterior color change; or
  - 4. Any new construction of a principal building or accessory building or structure subject to view from a public street; and
- B. Within a primary area of the historic district:
  - 1. Change in existing walls and fences, or construction of new walls and fences, if along a public street right-of-way; or
  - 2. Conspicuous change in the exterior appearance of existing non-historic buildings by addition, reconstruction, alteration, or maintenance involving exterior color change, if subject to view from a public street.
  - 3. Any major landscaping

- C. Items Not Requiring Certificate of Appropriateness
  - 1. Replacement of foliage up to four feet full grown height.
  - 2. Landscaping maintenance, pruning, or replacement of foliage with plants of similar type and size.
  - 3. Removal of trees smaller than eight inches in diameter for shade and evergreen trees and four inches in diameter for ornamental trees.
  - 4. Repair of existing sidewalks, driveways, and steps not attached to a building.
  - 5. Any work, visible from the street or public way, which does not change the present form of the property and is done as normal maintenance of the property.
  - 6. The removal of inappropriate fences:
    - a. Chain-link fences (once removed, they cannot be replaced)
    - b. Board-on-Board, board and batten, basket weave, louver, split rail and stockade;
  - 7. The installation of a single, wall-mounted mailbox near the main entrance on the front of the structure.
  - 8. Approval is not required for the following roofs and gutter repairs and maintenance:
    - a. Repair of storm damaged roof areas if the surface matches the existing,
    - b. Replacement of up to 50% of deteriorated roof shingles on any roof surface if they match the existing roof shingles,
    - c. Repair or reroofing of any flat roof provided it is not visible form the ground and its shape is not altered,
    - d. Repair or relining of built-in gutters provided no portion of the gutter visible from the ground is altered,
    - e. Replacement of deteriorated portion of existing gutters if the replacements match that of the portions removed,
    - f. Replacement or installation of mechanical equipment, skylights, or vents on a flat roof provided the new element is not visible from the ground.
    - g. Any roofing improvements that are in the same color tone and/or material.
    - h. Exterior painting for new work if it is re-applied in the same existing color.
    - i. Minor repairs to the exterior of the structure are considered "routine maintenance".

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306 Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |  |
|-------------------------|--|
| File Number:            |  |
| Date Application Filed: |  |
|                         |  |

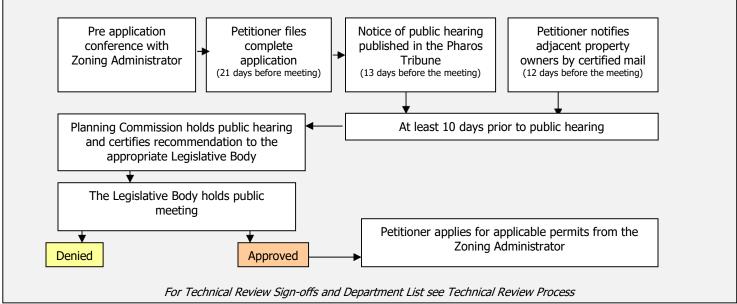
### The City Of Logansport Historic Preservation Commission CERTIFICATE OF APPROPRIATENESS

(Section 405)

Certificate of Appropriateness is required for any construction, reconstruction, structural alteration, or demolition of any structure, any exterior change in color or materials, major landscaping in or on a Local Historic Designation.

| APPLICANT INFORM                                       | ATION  |
|--|--|
| Applicant's Name:Address:                              |  |
| Telephone Number:                                      |  |
| OWNER INFORMATION                                      | ON (if different from applicant information)   |
| Owner's Name:Address:                                  |  |
| Telephone Number:                                      |  |
| REPRESENTATIVE IN                                      | NFORMATION (if different from applicant information)   |
| Representative:Address:                                |  |
| Telephone Number:                                      |  |
| <b>Zoning Classification of</b>                        | Property:and is presently used as:   |
| Address or common des                                  | cription of property:  |
|  | he project (Attach additional pages if necessary. Site plans, photos, elevations, les are required. Additional supporting materials are encouraged): |
| By my signature, I acknow belief, are true and correct | wledge the above information and attached exhibits, to my knowledge and t.   |
| Applicant Name:  | Date:  |
| Applicant Signature:                                   |  |
| REQUEST WII  | LL BE PRESENTED TO THE BOARD THISDAY OF  |

#### HISTORIC PRESERVATION COMMISSION DESIGNATIONS AND DEDESIGNATIONS



Single Site Designation: Owners of property or Historic Preservation Commission wishing to establish a Filing: single site historic district, may petition the Commission according to the following rules:

- 1. a description of the property either by survey or deed of the proposed district must be provided;
- 2. the owner or owners must be in one of the potential districts proposed by the Commission or must give adequate justification for seeking designation as follows:
  - a. Its character, interest and value as part of the development of one or all of the following; the City of Logansport; Cass County; the State of Indiana; or the United States of America;
  - b. Its educational value:
  - c. Its suitability for preservation; and/or
  - d. Its portrayal of the environment of a group of people in an historical era.
- 3. the owner or owners must have indicated their reasons for proposing designation on an application filed with the Commission;
- 4. the Commission shall adopt a preservation plan and/or Secretary of Interior Standards that the district will apply by.

De-designation: The owner or owners of 51% or more of the real estate, by area, may petition the Historic Preservation Commission to have all or a portion of their real estate removed from the Historic District, and a completed application must be submitted to the Planning Department.

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

\$ 315 (de-designation only) Logansport Make checks payable to City of Logansport

#### Public Notice:

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

#### **Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property.

#### Submittals to Planning Director Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

#### Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Historic Preservation Commission and appropriate legislative body during the public hearing.

**Logansport:** 2<sup>nd</sup> Thursday of the Month at 8:45am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport

#### After Plan Commission's Public Hearing

Primary Approval must be finalized by the legislative body.

**Logansport City Council**: 1<sup>st</sup> Monday of the Month at 5:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a designation or de-designation.

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306 Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |  |
|-------------------------|--|
| File Number:            |  |
| Date Application Filed: |  |
|                         |  |

#### Application for Designation HISTORIC OVERLAY DISTRICT (Section 405)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

| APPLICANT INFORMATION   |
|---|
| Applicant's Name: Address:  |
| Telephone Number:   |
| OWNER INFORMATION (if different from applicant information)   |
| *Owner's Name:  *Address:   |
| *Telephone Number:  |
| RESPESENTATIVE INFORMATION (if different from applicant information)  |
| *Representative: *Address:  |
| *Telephone Number:  |
| Zoning Classification of Property:  |
| Address or common description of property:  |
|   |
| Legal description of property affected:   |
|   |
| Property Information:  Year Built:Approximate Property Size: Ownership: Private:Public: Original Use: Current Use: Architectural Style: |
| -   |

| Historic Property Information:  1. Please describe, in detail, historical aspects of the site/structure as well as any other significant factor which may determine the property as a historic site/structure (i.e. special aesthetics; cultural, architectural, or engineering factors; and any dates, events or persons associated with the site or structure). Use separate sheet if necessary.                        |
|---|
| 2. Has the site or structure been altered in any way from its original design? If yes, please explain.  |
| 3. Would you describe the present condition as: Poor, Fair, Good or Excellent? Please explain.  |
| The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the Historic Preservation Commission.  a. Does the proposed site have the character, interest and value of the development of one or all of the following; the City of Logansport; Cass County; the State of Indiana; or the United States of |
| America? YES NO   |
| b. Does the proposed site have educational value?YESNO  |
| c. Is the proposed site suitable for preservation?YESNO   |

d. Does the proposed site portray the environment of a group of people in a historical era?

\_\_\_YES \_\_\_NO

| By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct. |  |  |  |  |  |
|---|--|--|--|--|--|
| Applicant's Signature:(If signed by representative for applicant, state capacity)   |  |  |  |  |  |
| REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF, 20AT   |  |  |  |  |  |

#### THE CITY OF LOGANSPORT HISTORIC PRESERVATION COMMISSION

#### **Designation Agreement**

| I,  | ,the a   | pplicant for               |         |  |  |  |  |
|---|--|----------------------------|---------|--|--|--|--|
| ,   | NAME   | Al                         | DDRESS, |  |  |  |  |
|   | tand that after my property is designated ing procedures before any exterior change  |                            |         |  |  |  |  |
| <ul><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ul> | <ol> <li>A Certificate of Appropriateness (COA) application must be submitted to the Zoning Administrator 14 days before the regularly scheduled meeting of the Historic Preservation Commission.</li> <li>After submittal, the Zoning Administrator will determine whether the application needs approva from the Historic Preservation Commission prior to a Building Permit or Improvement Location Permit is issued.</li> <li>If the COA requires approval, the application shall be sent to the Historic Preservation Commission for review before the scheduled meeting.</li> <li>A representative from the Historic Preservation Commission will contact you before the meeting to go over the proposed changes to the site and write a report of their findings.</li> <li>The applicant is responsible for posting a sign notice on their site 10 days before the regularly scheduled meeting. Applicants may acquire these signs in the Zoning Administrator's Office.</li> <li>At the meeting the Historic Preservation Commission will work with the applicant to make sure that all changes are historically minded. After the approval of a COA the applicant may obtain a Building Permit or ILP.</li> </ol> |                            |         |  |  |  |  |
| Landn   | r signature, I agree and understand that the nark" in perpetuity. This action is recorded the property, for not and into the future  | ed as a City Ordinance and |         |  |  |  |  |
| Signat  | ure of Property Owner  | Date                       |         |  |  |  |  |
|   | ribed and sworn before me this   | day of                     | , 2011  |  |  |  |  |
| in the  | County of Cass, State of Indiana.  | QT 4.1                     |         |  |  |  |  |
| My co   | mmission expires   | SEAL                       | 1       |  |  |  |  |
| -   | •  |                            |         |  |  |  |  |

Printed Name

Notary Signature

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE U            | JSE ONLY: |
|-------------------------|-----------|
| File Number:            |           |
| Date Application Filed: |           |
|                         |           |

# Application for De-Designation HISTORIC OVERLAY DISTRICT (Section 405.03)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

|    | Ple<br>ren  | on for De-Designation: case describe, in detail, the reason why this site shall be removed as a local historic district or choved as a single site historic designation within the City of Logansport, Indiana. Use additional cets if necessary.   |
|----|-------------|---|
| 2. | Ha          | s the site or structure been altered in any way from the date of the designation? Please explain.   |
| 3. | Wo          | ould you describe the present condition as: Poor, Fair, Good or Excellent? Please explain   |
| 4. | <br>На      | s the property received a Certificate of Appropriateness? If yes, when and for what?  |
| ar | iswo<br>ese | Applicant must address the following questions and be able to establish reasons for each er at the public hearing in order to obtain an accurate determination from the Historic rvation Commission.  Do the parcels of real estate sought to be removed from the historic district continue to meet the development standards set forth in Article 11 Section 1(2) of the Logansport Historic Preservation Commission's Rules and Procedures? The determination shall be specific as to the listed criteria applicable to the real estateYESNO |
|    | b.          | Would the removal of the real estate from the historic district create an adverse economic impact on abutting real estate?YESNO   |
|    | c.          | Would the removal of the real estate from the historic district cause an adverse impact on the City's historic resources; specifically the loss of a rated structure as listed in the Cass County Interim Report. YES NO  |
|    |             |   |

# **DE-DESIGNATION STATEMENT:**

| single site historic designation within the City of Logansport, Indiana. Additionally, the above information and attached exhibits, to my knowledge and belief, are true and correct. |
|---|
| Applicant's Signature:  |
| REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF   |

By my signature, I request for my property to be removed as a local historic district or be removed as a

# THE CITY OF LOGANSPORT HISTORIC PRESERVATION COMMISSION

# **Designation Agreement**

| I,   | ,the   | applicant for  |   |  |
|--|--|--|---|--|
| ,  | NAME   |  | ADDI  | RESS,  |
| under  | stand that after my property is designate  | ed as a Local Hi   | storic District, I  | must comply with the                               |
| follov   | ving procedures before any exterior cha  | nges can be mad  | de to my property   | y.   |
| <ul><li>2.</li><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul> | scheduled meeting. Applicants may at At the meeting the Historic Preservation that all changes are historically minder Building Permit or ILP. | rator will determission prior to a dication shall be neduled meeting esservation Comme site and write and a sign notice equire these sign commission Commission Commission After the app | meeting of the Inine whether the Building Permits sent to the History mission will conta report of their fron their site 10 does in the Zoning will work with proval of a COA | Administrator's Office. the applicant may obtain a |
| Landı  | y signature, I agree and understand that nark" in perpetuity. This action is recorf the property, for not and into the futur                   | ded as a City O  | rdinance and sha  |  |
| Signa  | ture of Property Owner   |  | Date  |  |
| Subsc  | eribed and sworn before me this  | day of_  |   | , 2011   |
| in the   | County of Cass, State of Indiana.  |  |   |  |
|  |  |  | SEAL  |  |
| My co  | ommission expires  | ·  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

Printed Name

Notary Signature

# ARCHITECTURAL REVIEW COMMITTEE PROCESS Petitioner notifies adjacent Pre application Complete application Notice of public hearing conference with Zoning determined by PUD published in the Pharos property owners by Administrator Administrator and Tribune certificate of mailing (13 days before meeting) (12 days before meeting) Master Developer (21 days before meeting) At least 10 days prior to public hearing ARC holds public hearing on the 1<sup>ST</sup> or 3<sup>rd</sup> Friday of the month at 7:30am Approved Denied Appeals must be submitted to the Common Council within 30 days of decision Petitioner applies for applicable permits from the Zoning Administrator. For Technical Review Sign-offs and Department List see Technical Review Process

Filing: Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - Lighting plan
  - Landscaping plan
  - Proposed building elevation and/or construction plan

The PUD Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

# Logansport

Variance from Developmental Standards \$215
Major Development Plan Reviews \$90
Minor Development Plan review \$35

Major Subdivision \$165 + \$15per lot

Minor Subdivision \$115

• Make checks payable to City of Logansport

#### **Public Notice:**

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

### **Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

**Logansport** – 100 feet as well as adjacent and adjoining properties for Variances and just adjacent and adjoin for all other processes.

# Submittals to Zoning Administrator Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the BZA during the public hearing.

**Logansport:** 1<sup>st</sup> and 3<sup>rd</sup> Friday of the Month at 7:30am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

# Appeals from ARC Decision

The petitioner or an interested party may appeal any decision of the ARC to the Logansport Common Council within 30 days of decision.

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:         |
|------------------------------|
| File Number:                 |
| Date Application Filed:      |
| Article/Section Reference #: |
|                              |

# Application for DEVELOPMENT PLAN/DEVELOPMENT PLAN AMENDMENT to ARCHITECTURAL REVIEW COMMITTEE (Section 608)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

|   | <i>5</i> 1 |
|---|------------|
| APPLICANT INFORMATION                                       |            |
| Applicant's Name: Address:                                  |            |
| Telephone Number:   |            |
| OWNER INFORMATION (if different from applicant information) |            |
| Owner's Name: Address:                                      |            |
| Telephone Number:   |            |
| RESPESENTATIVE INFORMATION (if different from applicant in  | formation) |
| Representative: Address:                                    |            |
| Telephone Number:   |            |
| Zoning Classification of Property:                          |            |
| Acreage of Property:  |            |
| Address of Property:  |            |
|   |            |
| Legal Description of Property Affected:                     |            |
|   |            |
| Description of Present or Proposed Use:                     |            |
|   |            |
|   |            |
| Description of Proposed Project:                            |            |
|   |            |
|   |            |

# Finding of Facts to be considered:

| 1.      | Does the architectural character allow for creative interpretation of traditional design, motifs, and building materials that create a visually cohesive, integrated Village environment?   |
|---------|---|
| 2.      | Are the neighborhoods, activity areas, and Open Space around a well-designed transportation/circulation network where pedestrian activity is strongly supported and integrated with vehicular streetscapes, service or parking areas?   |
| 3.      | Do the retail, cafes, restaurants and personal or business services generate high pedestrian activity along ground floor locations and potential office space or residential units on upper floors of the Village Center or peripheral Mixed Use or residential developments? |
| 4.      | Does the design incorporate commercial, office, retail, institutional and public single lots into the overall Village fabric?   |
| 5.      | Are the residential areas intermixed within close/walkable proximity of new commercial uses, places of work or dedicated Public Open Spaces and/ or amenities?  |
| 6.      | Is there an emphasis on developing neighborhoods where new and existing residents and visitors can live, work and play?   |
| 7.      | Does the design create an overall Village Center where Open Space, streetscapes with dedicated sidewalks, pathways, public and/ or institutional uses, and recreational uses are interwoven?  |
| are tru | signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, ne and correct.   |
| Applic  | ant's Signature: (If signed by representative for applicant, state capacity)  |

| <b>Application is Determined Complete:</b>               |   |                         |
|--|---|-------------------------|
| PUD Administrator  | Date  |                         |
|  | TED TO THE COMMITTEE THIS   |                         |
|  | OP/ DP Amendment to the ARC. mation come from Sections 608 of the Zoning ons prior to filing. Below is a checklist of items |                         |
| Application must include the following ap                | oplicable materials:  |                         |
| ☐ Filing Fee: See Fee Schedule (if r                     | required)   |                         |
| ☐ Existing Site Map including vicin                      | nity map, existing structures, and vegetation   |                         |
| ☐ Site Plan  |   |                         |
| ☐ Architectural Elevations, Sketche                      | es, etc.  |                         |
| ☐ Supplementary Sign Form                                |   |                         |
| ☐ Supplementary Landscaping/Park                         | king Form   |                         |
| ☐ Details including material, color a planters, and etc. | and design of fenestration, awnings, facades, la  | ighting, walls, fences, |
| ☐ Protective Covenants or Maintena                       | ance Agreements   |                         |
| ☐ Statement of the proposed order of                     | of development, if phased project   |                         |
| ☐ Other information that may be rec                      | quired by the respective LV district  |                         |

| Agent Authorization Letter  |                           |                     |               |
|---|---------------------------|---------------------|---------------|
| Date:   |                           |                     |               |
| Architectural Review Committee<br>C/O: Cass County/Logansport/Walton Planni<br>200 Court Park, Room 306<br>Logansport, IN 46947     | ng Department             |                     |               |
| RE: Architectural Review Committee Agent A  | authorization for Applica | ation               |               |
| To Whom it May Concern:   |                           |                     |               |
| Be advised that I am the lawful owner of the owner, I hereby authorize and empower to act as agent to file application(s) to the Ar | chitectural Review Com    | nmittee, answer all | pertinent     |
| questions to the proposed project and act or application(s).  | n my behalf for the Arch  | itectural Review C  | ommittee      |
| Signature F   | Printed                   |                     | Date          |
| STATE OF INDIANA (COUNTY OF   |                           | COUNTY AND STAT     | E, PERSONALLY |
| Property Owner  |                           |                     |               |
| WHO ACKNOWLEDGED THE EXECUTION FOR VOLUNTARY ACT AND DEED FOR   | THIS FOREGOING INST       | RUMENT AS HIS/H     | ER            |
| WITNESS MY HAND AND NOTARY SEAL THIS  | DAY OF                    |                     | _, 20         |
|   | (SEAL)                    |                     |               |
| COUNTY OF RESIDENCE   |                           |                     |               |
| MY COMMISSION EXPIRES   |                           |                     |               |
| Notary Public signature   | Printed                   | Name                |               |

# **BOARD OF ZONING APPEALS PROCESS** Petitioner notifies adjacent Pre application Petitioner files Notice of public hearing conference with Zoning complete application published in the Pharos property owners by (21 days before meeting) Administrator Tribune certificate of mailing (13 days before meeting) (12 days before meeting) BZA holds public hearing within 30 day of At least 10 days prior to public hearing complete application filled with Zoning Administrator **Approved** Denied See Appeals Process If applicable, Petitioner applies for review from Petitioner applies for applicable permits from the Zoning additional boards. Administrator. For Technical Review Sign-offs and Department List see Technical Review Process

Filing: Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - Lighting plan
  - Landscaping plan
  - Proposed building elevation and/or construction plan

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

#### **Cass County and Logansport**

Use Variance\$215Special Exception\$165Variance from Developmental Standards\$215Appeals\$65Floodplain Variance\$65

• Make checks payable to City of Logansport or Cass County Auditor

# Walton

| Use Variance                          | \$ 65 | Special Exception | \$ 65 |
|---------------------------------------|-------|-------------------|-------|
| Variance from Developmental Standards | \$ 65 | Appeal            | \$ 65 |
| Floodplain Variance                   | \$ 65 |                   |       |

Make checks payable to the Town of Walton

# **Public Notice:**

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

# Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

<u>Logansport and Walton</u> – 100 feet as well as adjacent and adjoining properties <u>Cass County</u> – 300 feet as well as adjacent and adjoining properties

# Submittals to Zoning Administrator Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# **BOARD OF ZONING APPEALS PROCESS** Pre application Petitioner notifies adjacent Petitioner files Notice of public hearing conference with Zoning complete application published in the Pharos property owners by certificate of mailing (21 days before meeting) Administrator Tribune (13 days before meeting) (12 days before meeting) At least 10 days prior to public hearing BZA holds public hearing within 30 day of complete application filled with Zoning Administrator **Approved** Denied See Appeals Process Some may require approval from additional Petitioner applies for applicable permits from the Zoning boards. Administrator.

Filing: Following materials must be included:

- Complete Application
- Warranty or Quit Claim deed from Recorder's Office (1st Floor County Building)
- Agent Authorization Letter and/or Owner Affidavit, signed and notarized (if different than applicant)

For Technical Review Sign-offs and Department List see Technical Review Process

- Consent of Owner (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - · Lighting plan, landscaping plan, and proposed building elevation and/or construction plan
- If applying for CAFO additional materials are required:
  - o A mortality plan with location and screening, landscaping plan and timeframe for instillation

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

# Cass County and Logansport

Use Variance \$215 Special Exception \$165 Variance from Developmental Standards \$215 Appeals \$50 Floodplain Variance \$65

• Make checks payable to City of Logansport or Cass County Treasurer

#### Walton

Use Variance \$ 165 Special Exception \$ 115 Variance from Developmental Standards \$ 165 Appeal \$ 65 Floodplain Variance \$ 65

Make checks payable to the Town of Walton

# Public Notice:

#### Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

## **Interested Parties**

Planning Staff will provide a list of interested parties. The notice of public hearing must be sent to all interested parties by <u>certificate of mailing</u> post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

<u>Logansport and Walton</u> – 100 feet as well as adjacent and adjoining properties

<u>Cass County</u> – 300 feet as well as adjacent and adjoining properties

# Submittals to Zoning Administrator the FRIDAY before the Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the BZA during the public hearing.

**Logansport:** 3<sup>rd</sup> Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 4<sup>th</sup> Monday of the Month at 6:00pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 4th Wednesday of the Month at 7:00 pm in Walton Town Hall located at 100 Depot St., Walton

# Special Exception

What is a Special Exception?

A Special Exception is a use which is allowable within a particular zoning district contingent upon approval from the Board of Zoning Appeals. Additional review is needed to ensure that the use does not adversely affect the public. In each case, careful consideration of the impact of the special use on neighboring land must be given, and the appropriateness of the Special Exception location must be determined.

# Variance from Developmental Standards

What is a Variance from Developmental Standards?

A Variance from Developmental Standards is departure from any provisions of the zoning requirements for a specific parcel, except use, without changing the zoning ordinance or the underlying zoning of the parcel. This process assures that no property, because of special circumstances applicable to it, shall be deprived of privileges commonly enjoyed by other properties similarly located and zoned, only in specific instances where the application of the strict letter of the regulations of the zoning ordinance create practical difficulties for the specific property.

#### Use Variance

What is a Use Variance?

A use variance requires BZA approval of a particular use request by the applicant for use not currently permitted in the zoning district without changing the zoning ordinance or the underlying zoning of the parcel. A Use Variance is granted only upon demonstration of hardship based on the peculiarity of the property in relationship to other properties in the same zoning district.

# **Appeals**

Appeals from Administrative Decisions

According to IC 36-7-4-918.1, the BZA shall review appeals from any order, requirement, decision or determination made by

- A an administrative official, hearing officer, or staff member under the zoning ordinance;
- B an administrative board or other body (except a plan commission) in relation to the enforcement of the zoning ordinance; or
- C an administrative board or other body (except a plan commission) in relation to the enforcement of an ordinance adopted under this chapter requiring the procurement of an improvement location or occupancy permit.

# Appeals from BZA Decision

IC 36-7-4-1003 states each decision of the board of zoning appeals is subject to review by a higher court. Anyone who is unhappy with a board of zoning appeals decision may file with the circuit or superior court in Cass County within 30 days of the decision, a petition setting forth that the decision is illegal in whole or in part and specifying exactly what makes it illegal. The BZA gets 20 days after the petition is filed, to show cause. If the BZA fails to satisfy the court, the board of zoning appeals shall then set forth the pertinent facts and data to show the grounds of their decision, which may include a transcript of the hearing before the board. The court makes its determination and renders its judgment with reference to the legality of the decision of the board of zoning appeals. If the court determines that testimony is necessary it may take evidence to supplement the facts disclosed by the BZA. In passing on the legality of the decision of the board the court may reverse, affirm, or modify the decision of the board.

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |
|-------------------------|
| File Number:            |
| Date Application Filed: |
|                         |

# **Application for VARIANCE FROM DEVELOPMENTAL STANDARDS** (Section 807)

|  | Board of Zoning Appeals (BZA)   |
|--|---|
| This application must be con<br>Department in accordance w | ith the meeting schedule.   |
| APPLICANT INFORMAT   | TION  |
| Applicant's Name:Address:                                  |   |
| Telephone Number:  |   |
|  | (if different from applicant information)                                 |
| A ddragg.  |   |
| TO 1 1 NT 1  |   |
| RESPESENTATIVE INFO  | ORMATION (if different from applicant information)                        |
| Representative: Address:                                   |   |
| Telephone Number:  |   |
|  | operty:   |
| Address or common descri                                   | ption of property:  |
| Legal description of proper                                | rty affected:   |
| What are the extraordinar question:                        | y or peculiar conditions pertain to the requested property or building in |
|  |   |

|        | licant must address the following questions and be able to establish reasons for each at the public hearing in order to obtain an accurate determination from the BZA.                   |
|--------|--|
| A.     | Will the approval of this variance request be injurious to the public health, safety, morals, and the general welfare of the community?  Yes ( ) No ( )                                  |
| В.     | Will the use and value of the area adjacent to the property included in the variance request be affected in a substantially adverse manner if the petition is approved?  Yes ( ) No ( )  |
| C.     | Will the strict application of the terms of the Zoning Ordinance result in practical difficulties in the use of the property involved in the petition?  Yes ( ) No ( )                   |
| ef, ar | gnature, I acknowledge the above information and attached exhibits, to my knowledge and e true and correct.  t's Signature:  (If signed by representative for applicant, state capacity) |

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |
|-------------------------|
| File Number:            |
| Date Application Filed: |
|                         |

# Application for SPECIAL EXCEPTION (Section 805)

|                           | Board of Zoning Appeals (BZA)   |
|---------------------------|---|
|                           | completed and filed with the Logansport/Cass County/Walton Planning se with the meeting schedule. |
| APPLICANT INFORM          | IATION  |
| Applicant's Name:Address: |   |
| Telephone Number:         |   |
| OWNER INFORMATI           | ON (if different from applicant information)  |
| Owner's Name:Address:     |   |
| Telephone Number:         |   |
| <u> </u>                  | NFORMATION (if different from applicant information)  |
| Representative:Address:   |   |
| Telephone Number:         |   |
|                           | f Property:   |
| Address or common de      | scription of property:  |
|                           |   |
| Legal description of pro  | operty affected:  |
|                           |   |
| Describe the Use that ye  | ou are requesting a Special Exception for:  |
|                           |   |
|                           |   |

Please provide the following information to the best of you ability if it pertains to your petition to the BZA. A. Lighting: 1. Style: 2. Height: 3. Location: B. Signage: 1. Dimensions: 2. Materials: 3. Placement: 4. Lighting: C. Hours of Operation: D. Parking/Access: Parking Classification (office use only) E. Landscaping/Buffer yards: Bufferyard Classification (office use only) F. Number of Employees: The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA. A. Does the proposed use involve any element or cause any condition that may be dangerous, injurious or noxious to any other property or persons? Yes ( ) No ( ) B. Does it comply with the performance standards of the Ordinance? Yes ( ) No ( ) C. Is the proposed use sited, oriented, and landscaped so that the relationship of its buildings and grounds to adjacent buildings and properties does not impair health, safety, or comfort, and does not adversely affect values of adjacent properties? Yes ( ) No ( )

| D.       | Does the proposed use produce a total environmental effect which is harmonious with, and not harmful to, the environment of the neighborhood?  |
|----------|--|
|          | Yes ( ) No ( )   |
| E.       | Does the proposed use organize vehicular access and parking to minimize conflicting traffic movement of adjacent streets?  Yes ( ) No ( )  |
| F.       | In the case of a change in non-conforming use, is the proposed use equally appropriate or more appropriate to the district than the existing or former non-conforming use?  Yes ( ) No ( ) |
| G.       | Does the proposed use promote the objectives of this Ordinance and the Comprehensive Plan?  Yes ( ) No ( )   |
|          | gnature, I acknowledge the above information and attached exhibits, to my knowledge and e true and correct.  |
| Applican | c's Signature:(If signed by representative for applicant, state capacity)  |
|          | REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF, 20AT  |
|          |  |

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |  |
|-------------------------|--|
| File Number:            |  |
| Date Application Filed: |  |
|                         |  |

# **Application for USE VARIANCE** (Section 806)

|  | Board of Zoning Appeals (BZA)  |
|--|--|
| This application must be completed a Department in accordance with the m | and filed with the Logansport/Cass County/Walton Planning  |
| APPLICANT INFORMATION  |  |
| Addross  |  |
| Telephone Number:  |  |
| OWNER INFORMATION (if diffe  |  |
| Owner's Name:  |  |
| Telephone Number:  |  |
|  | ION (if different from applicant information)  |
| Representative:  | The state of the s |
|  |  |
| -  |  |
| Address or common description of   |  |
| Legal description of property affec                                      | ted:   |
| What are the extraordinary or pecuation:                                 | uliar conditions pertain to the requested property or building in  |
|  |  |
| Standards of Zoning Ordinance rec  | questing Use Variance from:  |

| Please prothe BZA | rovide the following information to the best of you ability if it pertains to your petition to  |
|-------------------|---|
| A.                | Lighting: 1. Style: 2. Height: 3. Location:   |
| В.                | Signage: 1. Dimensions: 2. Materials: 3. Placement: 4. Lighting:  |
| C.                | Hours of Operation:   |
| D.                | Parking/Access:   |
| Е.                | Parking Classification (office use only)  Landscaping/Buffer yards:   |
|                   | Bufferyard Classification (office use only)   |
|                   | Number of Employees:  |
| A.                | Will the approval of this variance request be injurious to the public health, safety, morals, and the general welfare of the community?  Yes ( ) No ( )   |
| В.                | Will the use and value of the area adjacent to the property included in the variance request be affected in a substantially adverse manner if the petition is approved?  Yes ( ) No ( )             |
| C.                | Does the need for the variance request arise from some condition peculiar to the property involved, and not generally characteristic of other property in the same zoning district?  Yes ( ) No ( ) |
|                   |   |

| D. | Will the strict application of the terms of the zoning ordinance result in an unnecessary hardship if applied to the property for which the variance is sought?  Yes ( ) No ( ) |
|----|---|
|    |   |
| E. | Will the approval of this variance request interfere substantially with the policies of the Comprehensive Plan?  Yes ( ) No ( )   |
|    |   |
|    | gnature, I acknowledge the above information and attached exhibits, to my knowledge and e true and correct.   |
| ŕ  | t's Signature:  |
|    | REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF, 20AT   |

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |
|-------------------------|
| File Number:            |
| Date Application Filed: |
|                         |

# Application for FLOODPLAIN VARIANCE (Section 808)

|                           | Board of Zoning Appeals (BZA)  |
|---------------------------|--|
|                           | ompleted and filed with the Logansport/Cass County/Walton Planning with the meeting schedule. (*if same or not applicable leave blank) |
| APPLICANT INFORMA         | ATION  |
| Applicant's Name:Address: |  |
| Telephone Number:         |  |
|                           | N (if different from applicant information)  |
| * 1 ddmagg.               |  |
| *Telephone Number:        |  |
|                           | FORMATION (if different from applicant information)  |
| *Representative:*Address: |  |
| *Telephone Number:        |  |
|                           | Property:  |
| Address or common desc    | ription of property:   |
|                           |  |
| Legal description of prop | erty affected:   |
|                           |  |
| Describe the Use that you | are requesting a Special Exception for:  |
|                           |  |
|                           |  |

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.

| A         | Yes ( ) No ( )  |
|-----------|---|
| В.        | Does the strict application of the terms of the Ordinance constitute an exceptional hardship to the applicant?  Yes ( ) No ( )  |
|           |   |
| C.        | Will the granting of the requested variance increase flood height, create additional threats to public safety, cause additional public expense, create nuisances, cause fraud or victimization of the public, or conflict with existing laws or ordinances?  Yes () No () |
|           |   |
|           | gnature, I acknowledge the above information and attached exhibits, to my knowledge and e true and correct.   |
| Applicant | 's Signature:(If signed by representative for applicant, state capacity)  |
|           | REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF, 20AT   |

Ph: 574-753-7775 Fax: 574-753-7401

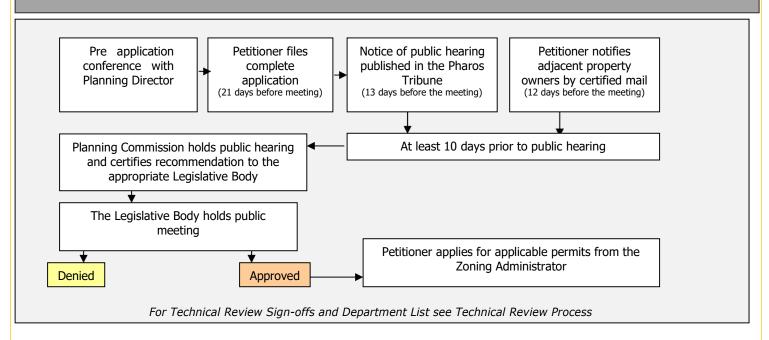
| FOR OFFICE USE (        | ONLY: |
|-------------------------|-------|
| File Number:            |       |
| Date Application Filed: |       |
|                         |       |

# **Appeal of Administrative Decision** (Section 804)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

| APPLICANT INFORMATION   |  |
|---|--|
| Applicant's Name: Address:  |  |
|   |  |
| Telephone Number:   |  |
| OWNER INFORMATION (if different from applicant information)   |  |
| Owner's Name: Address:  |  |
| Address:  |  |
| Telephone Number:   |  |
| RESPESENTATIVE INFORMATION (if different from applicant information)  |  |
| Representative:   |  |
| Address:  |  |
| Telephone Number:   |  |
| Zoning Classification of Property:  |  |
| Address or common description of property:  |  |
| Address of common description of property.  |  |
|   |  |
| Legal description of property affected:   |  |
|   |  |
|   |  |
| Statement of appeal and reasons for necessitating appeal:   |  |
|   |  |
| By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct. |  |
| Applicant's Signature:  |  |
| (If signed by representative for applicant, state capacity)   |  |
| REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF, 20AT   |  |

# **REZONING PROCESS**



<u>Filing:</u> Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)

The Planning Director will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport

\$265

Make checks payable to City of Logansport or Cass County Treasurer

Walton

\$130

Make checks payable to the Town of Walton

# **Public Notice:**

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

## **Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being rezoned.

# Submittals to Planning Director Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission during the public hearing.

Logansport: 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

Cass County: 1st Tuesday of the Month at 8:30am in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 1st Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

# After Plan Commission's Public Hearing Rezones must be finalized by the legislative body. Logansport City Council: 1st Monday

**Logansport City Council**: 1st Monday of the Month at 6:30pm in the City Council Chambers, 3rd Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a rezone.

**Cass County**: 1<sup>st</sup> and 3<sup>rd</sup> Monday of the Month at 1:00 pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for rezone approval.

**Walton**: 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for rezone approval.

Ph: 574-753-7775 Fax: 574-753-7401

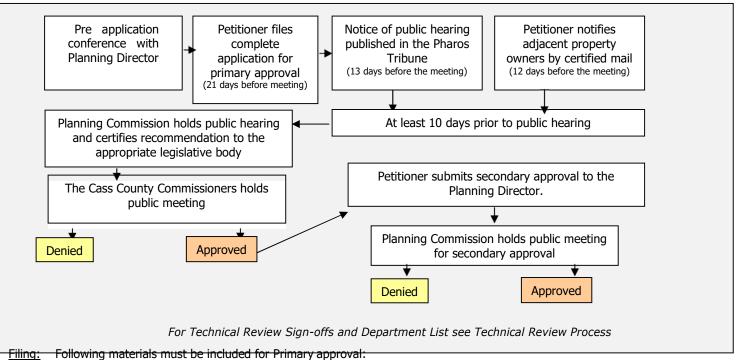
| FOR OFFICE USE ONLY:    |
|-------------------------|
| File Number:            |
| Date Application Filed: |
|                         |

# **Application for Zone Map Amendment** (Section 905)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

| APPLICANT INFORMATION   |  |
|---|--|
| Applicant's Name: Address:  |  |
| Telephone Number:   |  |
| OWNER INFORMATION (if different from applicant information)   |  |
| Owner's Name: Address:  |  |
| Telephone Number:   |  |
| RESPESENTATIVE INFORMATION (if different from applicant information)  |  |
| Representative: Address:  |  |
| Telephone Number:   |  |
| Existing Zoning Classification of Property:   |  |
| Proposed Zoning Classification of Property:   |  |
| Address or Legal description of property:   |  |
|   |  |
| Percentage of Property Owners Included:   |  |
| Statement or reason for the request for a Zone Map Amendment:   |  |
|   |  |
| By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct. |  |
| Applicant's Signature:  |  |
| (If signed by representative for applicant, state capacity)   |  |
| REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OFDAY OF   |  |

# PLANNED UNIT DEVELOPMENT PROCESS



- Complete Application with site plan
- Specific development requirements must be set out in the Planned Unit Development District Ordinance pursuant to I.C. 36-7-4-1508 and I.C. 36-7-4-601(d) (2).

These specific development requirements must determine the following:

- A. requirements for the area of front, rear, and side yards, courts, other open spaces and total lot area;
- B. requirements for site conditions, signs, and nonstructural improvements, such as parking lots, ponds, fills, landscaping, and utilities;
- C. provisions for the treatment of uses, structures, or conditions that are in existence when the zoning ordinance takes effect;
- D. restrictions on development in areas prone to flooding;
- E. requirements to protect the historic and architectural heritage of the community;
- F. requirements for structures, such as location, height, area, bulk, and floor space;
- G. restrictions on the kind and intensities of uses;
- H. performance standards for the emission of noises, gases, heat, vibration, or particulate matter into the air or ground or across lot lines;
- I. standards for population density and traffic circulation;
- J. any other provisions that are necessary to implement the purposes of the zoning ordinance.
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Technical Review Committee sign-off

The Planning Director will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport \$215 +\$10 per lot/unit

Make checks payable to City of Logansport or Cass County Treasurer

Walton \$115+\$10 per lot/unit

Make checks payable to the Town of Walton

# Public Notice (for Primary Approval):

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

**Interested Parties** 

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being rezoned.

# Submittals to Planning Director Prior to Hearing (for Primary Approval):

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission and appropriate legislative body during the public hearing.

**Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 1st Tuesday of the Month at 8:30am in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 1st Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

#### After Plan Commission's Public Hearing (for Primary Approval)

PUDs Primary Approval must be finalized by the legislative body.

**Logansport City Council**: 1st Monday of the Month at 6:30pm in the City Council Chambers, 3rd Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a PUD.

**Cass County**: 1st and the 3rd Monday of the Month at 1:00pm in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for PUD approval.

**Walton**: 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for PUD approval.

# After Primary Approval

Applicant can submit for secondary approval by providing the following: (no Improvement Location Permit or Building Permit may be issued prior to secondary):

- Complete Application (showing all conditions of primary are met or performance guarantee given for such conditions)
- Site plan with all documentation from primary approval
- Land use delineation existing and proposed
- Construction Plans
- Drainage Plan
- Erosion Plan
- Final Grade Plan
- Landscaping/Buffering Plan
- Open Space Plan
- Protective covenants or horizontal property ownership, maintenance agreements for all common areas, and owners' association documents
- All documents with name, address, seal, certification and signature of Registered Engineer and/or Land Surveyor

Secondary approval is then taken to the Plan Commission for approval at a regularly scheduled public meeting.

**Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 1st Tuesday of the Month at 8:30am in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 1st Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

Ph: 574-753-7775 Fax: 574-753-7401

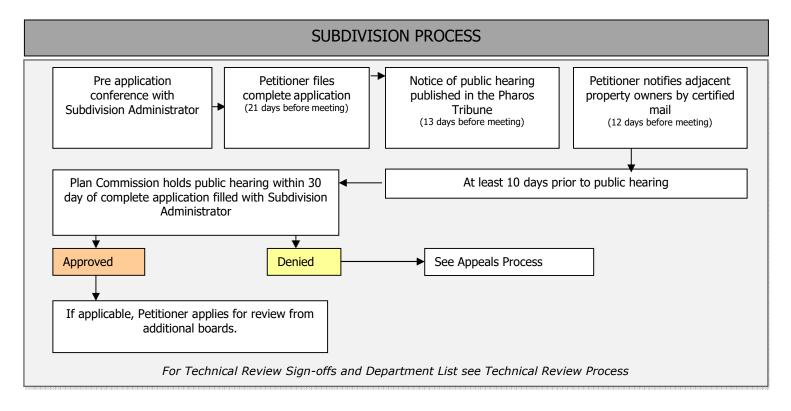
| FOR OFFICE U              | SE ONLY: |
|---------------------------|----------|
| File Number: _            |          |
| Date Application Filed: _ |          |
|                           |          |

# **Application for Planned Unit Development** (Section 600)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

| APPLICANT INFORMATION   |  |
|---|--|
| Applicant's Name: Address:  |  |
| Telephone Number:   |  |
| OWNER INFORMATION (if different from applicant information)   |  |
| Owner's Name: Address:  |  |
| Telephone Number:   |  |
| RESPESENTATIVE INFORMATION (if different from applicant information)  |  |
| Representative:   |  |
| Address:  |  |
| Telephone Number:   |  |
| Existing Zoning Classification of Property:   |  |
| Proposed Zoning Classification of Property:   |  |
| Address or Legal description of property:   |  |
|   |  |
| Statement or reason for the request for a Zone Map Amendment:   |  |
|   |  |
| By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct. |  |
| Applicant's Signature:  (If signed by representative for applicant, state capacity)   |  |
| (If signed by representative for applicant, state capacity)   |  |
| REQUEST WILL BE PRESENTED TO THE BOARD THISDAY OF   |  |

| Check list of required materials for Primary Approval:  |  |
|---|--|
| Signed and completed Application  |  |
| Filing Fee (\$200.00 – including Primary and Secondary Approval)  |  |
| Certificate of Ownership: signed and notarized by all property owners   |  |
| Site Plan by registered engineer or land surveyor with:property dimensions north arrow all streets, alleys and roadways, including centerline, right-of-ways, easements, etc location and dimensions of all existing and proposed structures, including canopies, overhangs, covered walkways and related structures, improvements and paved areas, including entrances, exits and parking spaces, loading areas, interior traffic lanes and driveways drainage and erosion control plan including the location and condition of allon-site and related off-site drainage facilities, culverts, sewers and ditches setbacks from front, side and rear lot lines location and proposed including wells and/or septic systems flood plain boundary and 100-year flood elevation a legal description of property Lighting Plan including the location, type, size and height of all exterior lighting Landscape Plan including location, type, size and height of all existing and proposed landscaping and buffering, including open space, screening, walls and fencing location and size of all proposed outside operations, storage areas, trash receptacles including the location and type of all fencing or landscape screening Phase Plan, if applicable |  |
| Check list of required materials for Secondary Approval:  |  |
| All documentation of primary approval   |  |
| Final Site Plan and appropriate supporting materials including Phase Plan being applied for, Construction Plans, Lighting Plan, Landscape Plan, Drainage/Erosion Control Plan, Grading Plan Open Space Plan   |  |
| Performance Guarantees, including Performance Bonds, etc.   |  |
| Final Construction Plans for all right-of-ways, easements, public improvements, etc.  |  |
| Any protective covenants, owners association documents, maintenance agreements, etc.  |  |



<u>Filing:</u> Following materials must be included for Subdivision/Replat:

- A. Complete Application
- B. Agent Authorization Letter, signed and notarized (if different than applicant)
- C. Plat with all standards required for each type of subdivision as specified with in the appropriate subdivision ordinance
- D. Soil test
- E. At the time of submittal Staff with send application to Technically Review for sign-off

Following materials must be included for Vacations:

- 1. fill out application/ pay fee
- 2. Provide instrument for vacation (like a deed of land)
- 3. State the reasons for and circumstances prompting the request
- 4. Specifically describe the property in the plat proposed to be vacated
- 5. Give the name and address of each owner of land in the plat
- 6. Letter from all utilities
- 7. The petitioner must also provide information about recorded covenants and commitments if they are seeking to vacate those as well.

The Subdivision Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

■ Cass County and Logansport

Minor Subdivisions \$115 Major Subdivisions \$165 +\$15 per lot Vacation of Plat/Replat \$65

Make checks payable to City of Logansport or Cass County Treasurer

Walton

Minor Subdivisions \$105 Major Subdivisions \$130 +\$15 per lot Vacation of Plat/Replat \$80 +\$15 per lot

Make checks payable to the Town of Walton

# **Public Notice:**

### Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

# **Public Notice:**

#### Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

# **Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being subdivided.

# Submittals to Subdivision Administrator Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

# Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission during the public hearing. Minor subdivision can be approved at Plat Committee, which could be setup sooner than a full Plan Commission Meeting. Major Subdivisions must all go to full Plan Commission, which are the dates listed below.

- **Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.
- Cass County: 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport
- Walton: 1st Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

# After Public Hearing

- After all conditions or comments are fulfilled and any right-of-way has been accepted, secondary approval will be signed off by the Subdivision Administrator.
- The plat must then get sign offs from the Treasurer, Assessor, and Recorder.
- During or after recording of the subdivision, a deed must be recorded for the new parcel. (Note: this is usually done by an attorney)

# What are the different types of Subdivisions?

Exempt: Any subdivision of land that includes the following: (Note these are approved by Subdivision Administrator only before being recorded)

- A Any land that is being divided for agricultural purposes and not for the purpose, whether immediate or future use for building development, other improvement for residential, commercial, industrial, recreational, or other non-residential purpose; or any land being divided as a farm that is at least 20 acres in size.
- B. Any land being divided for sale or exchange between adjoining land owners or for the combining with an existing adjacent parcel, provided no additional building sites are created and all, involved parcels comply with the appropriate Zoning Ordinance.
- C. Any land being divided which had an existing residence or business structure located on the parcel on the effective date of the appropriate Ordinance, and which meets the Zoning Ordinance standards and regulations.
- D. Any land being divided pursuant to a court decree.
- E Any land being divided or acquired by a public agency or utility for a street or utility right-of-way or easement, other than those required for a subdivision as defined in this Ordinance.
- F. Any land being divided for cemetery plots.
- G Any land being divided from the parent tract, as defined, which results in no more than one lot, parcel, site, unit, plat, or interest for the purpose of offer, sale, lease, transfer of ownership or development. (except Logansport and Fringe Zoning Ordinance)

- H Any land being divided for the paramount purpose of establishing a site for a radio or television tower, telecommunication antenna or facility provided such use has zoning approval.
- I Any land being divided that is not a major or minor subdivision (as defined).

### Major Subdivision: Any subdivision of land that includes the following:

- A Any land being divided which involves the construction or extension of public streets, private streets, or access easements, other than one or two pipestem lots using an access easement.
- B. Any land being divided that under the terms set forth in this Ordinance involves the substantial improvements or realignment of an existing street or road or the provision of any public facility or utility.
- C Any land being divided into more than four lots or the combined and cumulative total of more than four lots from an original parent tract.
- D. Any resubdivision or changes on a recorded secondary plat approved pursuant to this Ordinance which is not a minor subdivision.
- E Any subdivision which requires a modification to the terms of this Ordinance.
- F. Any subdivision which has common open space or land to be maintained by a covenant agreement or property owners association.

#### Minor Subdivision: Any subdivision of land that includes the following:

- A Any land being divided into four or fewer lots or the combined and cumulative total of four or fewer lots from an original parent tract which does not involve the construction or extension of public streets, private streets or access easements except for two pipestem lots sharing a common access easement.
- B. Any land being divided into four or fewer lots or the combined and cumulative total of four or fewer lots from an original parent tract that under the terms set forth in this Ordinance does not involve the substantial improvement or realignment of any street or road.
- C Any re-subdivision of a recorded secondary plat approved pursuant to this Ordinance which involved only the changing of the notations written on the plat or correction of errors thereon, which involves only the removal of interior lot or parcel lines provided the outside perimeter of the property remains unchanged and that fewer parcels result than were contained in the original plat.
- D. Any division of land into one or two pipestem lot using an access easement.

# **RESUBDIVSION or REPLAT:**

A change in a map of a plat having secondary approval or a recorded subdivision plat. Any re-subdivision that doesn't meet the minor subdivision definition must be approved by the Commission according to major subdivision procedure.

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE U              | JSE ONLY: |
|---------------------------|-----------|
| File Number:              |           |
| Date Application Filed: _ |           |
|                           |           |

# Application for SUBDIVISION Minor\_\_\_ or Major\_\_\_ (Subdivision Control Ordinance)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

| APPLICANT INFORMATION   |
|---|
| Applicant's Name: Address:  |
| Telephone Number:   |
| OWNER INFORMATION (if different from applicant information)   |
| *Owner's Name: *Address:  |
| *Telephone Number:  |
| RESPESENTATIVE INFORMATION (if different from applicant information)  |
| *Representative: *Address:  |
| *Telephone Number:  |
| Name of Proposed Subdivision:   |
| Number of Parcels & Total Area (square feet or acreage):  |
| Address or common description of property:  |
| Legal description of property affected:   |
| Proposed Use of Subdivision (i.e.: Single or Multi-Family Residential, Commercial or Industrial)                              |
| By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct. |
|   |
| Applicant's Signature:  |

(If signed by representative for applicant, state capacity)

|          | Notarized owners certificate as per Appendix A of the Subdivision Control Ordinance. |
|----------|--|
|          | Statement of approval from County Health Department, if applicable.                  |
|          | A filing fee as established by the adopted fee schedule.                             |
|          | A Primary Plat as per Section 402.03 of the Subdivision Control Ordinance.           |
|          | Protective Covenants of proposed subdivision.  |
|          | Names and addresses of all Interested Parties as defined in By-Laws.                 |
|          | Drainage and Erosion Control Plans as required.                                      |
| ADDITION | AL REQUIREMENTS FOR MAJOR SUBDIVISIONS AS FOLLOWS:                                   |
|          | Location and boundaries of any lots in previously approved subdivisions.             |
|          | Topographic map at two foot intervals.   |
|          | Proposed public roads/streets and easements depicted on plat.                        |
|          | Parcels to be dedicated for public or semi-public use.                               |
|          | Construction plans and documentation to show that standards                          |
|          | of Article Five are met in construction improvements.                                |
|          | 1  |

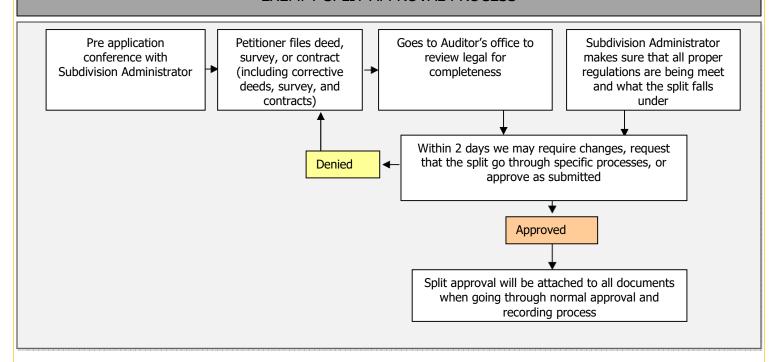
SUBMITTAL CHECKLIST: Including, but not limited to the following:

NOTE 1: Additional requirements for Secondary Approval are listed in Section 405 and 406 of the Subdivision Control Ordinance.

NOTE 2. Fulfilling requirements for dedication of improvements and notification for inspection of same during construction is the responsibility of the Subdivider.

NOTE 3. Upon approval of a Subdivision, the Subdivider shall record the Plat with the County Recorder's Office and shall transfer it to the County Auditor's Office.

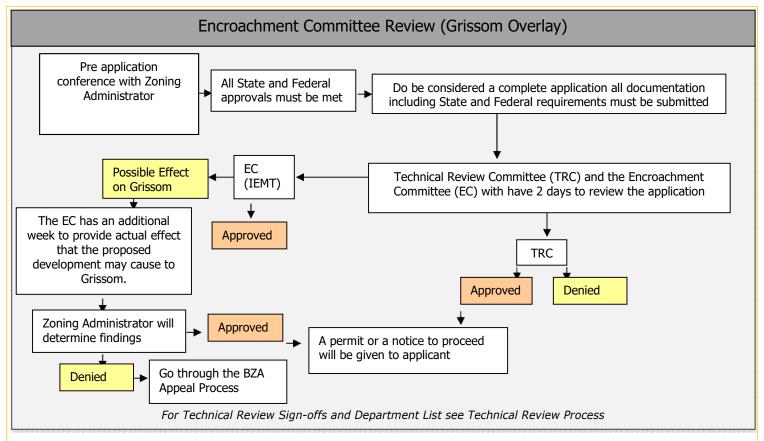
# **EXEMPT SPLIT APPROVAL PROCESS**



<u>Filing:</u> Following materials must be included on surveys for split approval:

- 1. Legal description
- 2. Names and addresses of the owner, subdivider, and consulting engineer, land surveyor, or planning firm who prepared the plan.
- 3. Legend and notes, including the scale, north arrow, and date.
- 4. County parcel tax identification number(s).
- 5. Tract boundary lines showing dimensions, bearings, angles, and references to section, township, and range lines or corners, closing with an error of not more than 1 foot in 5000 feet.
- 6. Layout of lots showing dimensions and numbers and square footage or acreage of each lot excluding area within rights-of-way.
- 7. Showing the closest building to the newly created line with setback dimensions unless setback is greater than 50ft.
- 8. Existing streets and rights-of-way on and adjoining the site of the proposed subdivision showing the names, roadway widths, types and widths of pavements
- 9. Existing and proposed easements, including the location, width, and purpose of such easements must be shown on plat.
- 10. Location of all other natural features.
- 11. Boundary lines or elevations for approximate limits of floodway and floodway fringe areas on each lot as scaled from the flood plain district maps and regulations of the Zoning Ordinance.
- 12. Location, type, material, and size of all monuments and markers
- 13. The surveyor's certificate must be located on the plat.

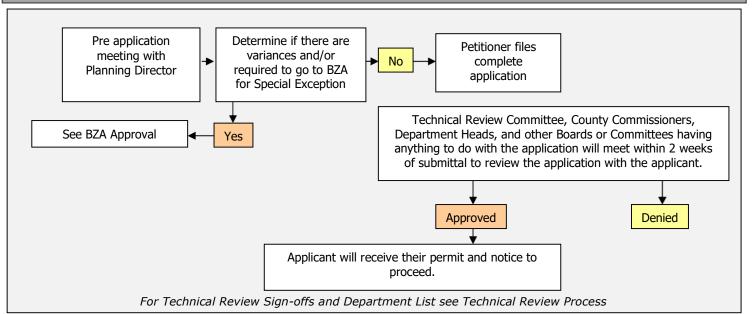
Note: Subdivision Administrator sign-offs must be recorded with all deeds, contracts, and plats.



<u>Filing:</u> Following materials must be included:

- A. Complete Application (if required)
- B. Agent Authorization Letter, signed and notarized (if different than applicant)
- C. Site Plan and/or Survey showing:
  - 1. Property lines
  - 2. North arrow
  - 3. Scale
  - 4. Dimensions of setbacks, building, parking areas, etc.
- D. Supporting material including, but not limited to:
  - 1. Lighting plan
  - 2. Landscaping plan
  - 3. Proposed building elevation and/or construction plan
- E. State and Federal approvals (if required)

# WIND ENERGY CONVERSION SYSTEMS (WECS)



\* Note: the following doesn't exempt any applicant from other Federal, State, and Local requirements or approvals.

### Filing for All WECS:

- A. Improvement Location Permit Application must be completed
- B. A copy of all Memorandum of Agreements signed by Participating Landowners authorizing the placement of the identified WECS Towers on landowners property and/or adjoining properties.
- C. Statement of Federal Aviation Administration compliance:

A statement of compliance with all applicable Federal Aviation Administration (FAA) rules and regulations, including any necessary approvals for installations within close proximity to an airport

#### D. Utility notification:

No Non-commercial WECS shall be installed until evidence has been given that the local utility company has been informed of the customer's intent to install an interconnected customer-owned generator. Off-grid systems shall be exempt from this requirement.

## E. Compliance with National Electrical Code:

A line drawing of the electrical components in sufficient detail to allow for a determination that the manner of installation conforms to the National Electrical Code. This information is frequently supplied by the manufacturer.

# F. Contact information of project applicant:

The name(s), address(es), and phone number(s) of the applicant(s), as well as a description of the applicant's business structure and overall role in the proposed project.

# G.Contact information of current project owner:

The name(s), address(es), and phone number(s) of the owner(s), as well as a description of the owner's business structure and overall role in the proposed project, and including documentation of land ownership or legal control of the property on which the WECS is proposed to be located. The Planning Staff shall be informed of any changes in ownership.

# H.Contact information of project operator:

The name(s), address(es), and phone number(s) of the operator(s), as well as a description of the operator's business structure and overall role in the proposed project.

## I. Legal description:

The legal description, address, and general location of the project.

# J. Project description:

A WECS Project Description, including to the extent possible, information on each wind turbine proposed, including:

- 1. Number of turbines;
- 2. Type;
- 3. Name plate generating capacity;
- Tower height;
- 5. Rotor diameter;
- 6. Total height;
- 7. Anchor base;
- 8. The means of interconnecting with the electrical grid;
- 9. The potential equipment manufacturer(s); and
- 10. All related accessory structures.

## K. Engineering certification:

For all WECS, the manufacturer's engineer or another qualified registered professional engineer shall certify, as part of the building permit application that the foundation and tower design of the WECS is within accepted professional standards, given local soil and climate conditions. An engineering analysis of the WECS Tower showing compliance with the applicable regulations and certified by a licensed professional engineer shall also be submitted. The analysis shall be accompanied by standard drawings of the wind turbine structure, including the tower, base, and footings.

# L. Proof of correspondence and cooperation with wildlife agencies:

For the purposes of preventing harm to migratory birds and in compliance with the Migratory Bird Treaty Act, the applicant shall provide written documentation that he or she is in direct correspondence and cooperation with the U.S. Fish and Wildlife Service and the Indiana Department of Natural Resources.

- M. Submit all approved Federal, State, and Local applications as an addendum to the complete application.
- N. Any other item reasonably requested by the Planning Staff.

## Additional Filing for Non-commercial WECS:

# A. Demonstration of energy need:

The primary purpose of the production of energy from a Non-Commercial WECS shall be to serve the energy needs of that tract. The applicant(s) shall demonstrate how much energy is needed and how the proposed size and number of the WECS Towers fulfills this need. Net-metering may be allowed, but shall not be the primary intent of the WECS.

### B. A site layout plan:

A site layout plan, drawn at an appropriate scale, showing distances pertaining to all applicable setback requirements and certified by a registered land surveyor.

# Additional Filing for Commercial WECS

#### A. A preliminary site layout plan:

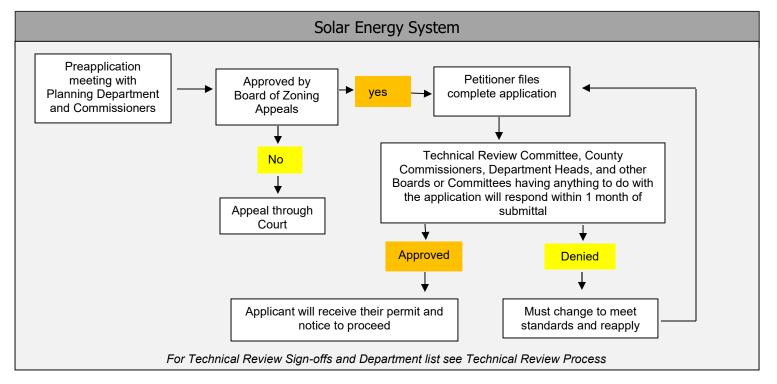
A Commercial WECS shall include a preliminary site layout plan with distances drawn to an appropriate scale illustrating the following:

- 1. Property lines, including identification of adjoining properties;
- 2. The latitude and longitude of each individual WECS Tower, along with individual identification of each WECS Tower;
- 3. Dimensional representation of the structural components of the WECS Tower construction including the base and footings;
- 4. WECS access roads;
- 5. Substations;
- 6. Electrical cabling;
- 7. Ancillary equipment;
- 8. Primary structures within one quarter (1/4) mile of all proposed WECS Towers;
- 9. Distances from each individual WECS Tower to each setback requirement;

- 10. Location of all public roads which abut, or traverse the proposed site;
- 11. The location of all above-ground utility lines within a distance of two (2) times the height of any proposed WECS structure;
- 12. The location of any historic or heritage sites as recognized by the Division of Historic Preservation and Archeology of the Indiana Department of Natural Resources, within one (1) mile of a proposed WECS Tower; and
- 13. The location of any wetlands based upon a delineation plan prepared in accordance with the applicable U.S. Army Corps of Engineers requirements and quidelines, within one (1) mile of a proposed WECS Tower.
- 14. Topographic map
  - A USGS topographical map, or map with similar data, of the property and the surrounding area, including any other WECS Tower within a ten (10) rotor distance, but no less than a one quarter (1/4) mile radius from the proposed project site, with contours of not more than five (5) foot intervals.
- 15. Noise profile
- 16. Location of all known WECS Towers within one (1) mile of the proposed WECS Tower, including a description of the potential impacts on said WECS Tower and wind resources on adjacent properties.
- 17. Copy of the Communications Study

# Filing for All Meteorological Towers

- 1. Application must be completed
- 2. A copy of all Memorandum of Agreements signed by Participating Landowners authorizing the placement of the identified WECS Towers on landowners property and/or adjoining properties.
- 3. A copy of the agreement where landowner has authorized the placement of a Meteorological Tower on their property.
- 4. Preliminary site layout plan:
  - 1. Property lines, including identification of adjoining properties;
  - 2. The latitude and longitude of each individual Meteorological Tower;
  - 3. Dimensional representation of the structural components of the tower construction, including the base;
  - 4. Required setback lines
  - 7. Location of all public roads which abut, or traverse the proposed site;
  - 8. The location of all above-ground utility lines within a distance of 2 times the height of any proposed tower; and
  - 9. Any other items reasonably requested by the Plan Department.
- 5. Variance approval if any Non-Commercial Meteorological Tower is greater than 200 feet in height



<sup>\*</sup> Note: the following doesn't exempt any applicant from other Federal, State, and Local requirements or approvals.

# Filing for All Solar Energy System:

- 1. Improvement Location Permit Application with Site Plan
  - if signed by the developer, the developer must provide a properly executed lease agreement or notarized letter from the property owner authorizing the proposed development
- 2. Solar system specifications, including typical manufacturer and model
- 3. Array/module design, site plans w/ acreage, lighting plan, and installation plan
- 4. Proof that the American National Standards Institute, Underwriters laboratories, American Society of Testing and Materials, Institutes of Electrical and Electronics Engineers, Solar Rating and Certification Corporation, International Building Code, Federal Aviation Administration and Nation Electrical code are being followed when applicable.
- 5. Written confirmation from utility allowing connection, unless an off-grid system
- 6. Evidence that a roof or wall mounted system is capable of holding the load based off the International Building Code, if applicable

# In Addition, Commercial Solar Energy System Shall Provide:

- 1. Scope of work including:
  - Project description including the number of arrays and their configuration, name plate generating capacity,
    equipment manufacturers, means of connecting to the electrical grid, ancillary equipment and a site layout
    plan drawn to appropriate scale (site requirements may be delineated on multiple pages including all buildings,
    setbacks, access permanent and temporary, etc...); map of entire area; vegetation plan; lighting and signage
    plan; maximum spatial extent (height and fence line), plan showing compliance with screening and buffer yard
    requirements
- 2. A letter from the legislative body certifying that an economic agreement and road use agreement has been signed and approved as well as a copy of the approved Drainage Agreement, Maintenance Agreement and Decommissioning Agreement.
- 3. An approval letter or approved permit of development from the Federal Aviation Administration if any part, piece or component of the CSE penetrates navigable airspace as defined by the Federal Aviation Administration's rules, regulations and guidelines;
- 4. Provide a Glare Study and Noise Study
- 5. Shall prove the system installed does not cause wire or wireless communication signal disturbance

- 6. Engineering Certification from the manufacturer's engineer or another qualified registered professional engineer shall certify, as part of the building permit application, that all equipment is within accepted professional standards, given local soil and climate conditions.
- 7. Provide a fire-protection and safety plan for the construction and operation of the CSES facility, which includes emergency access to the site. The developer will work with township representatives such as trustees, Cass County EMS and/or its successor, and any and all fire departments providing services and/or mutual aid to address concerns about fire safety and emergency response and to coordinate safety planning and potential need for specialized equipment for extinguishing solar-panel/-equipment fires.
- 8. A plan that shows how the onsite utilities, transmission lines, and conductors will be located on the site. If they are not underground the plan must show type of conduit that will be used in those areas.
- 9. Exterior Lighting Plan (if applicable)
- 10. Signage Plan showing required warning signs as well as signs that may be required by installer or manufacturer
- 11. Provide Contact information for the Contractor and Company's Project Manager, and the person responsible for the Solar Farm after constructed and contact after construction.
- 12. Engineering certification that the foundation is designed within accepted professional standards given local soil and climate conditions
- 13. If possible a shapefile of the solar farm.
- 14. Any other item reasonably requested by the Planning Staff

#### Wireless Facilities Petitioner files Zoning Administrator Pre application <u>Approval</u> notifies in writing **Zoning Administrator** conference with complete Planning Director approval or denial will issue the building application (within 10 days) permit Can't meet standards applicant applies to Denial (applicant has 15 -30 days to amend Amends to meet application to meet standards) **BZA** standards (BZA must meet within 45-120 days depending on request) The Board of Zoning Appeals holds

Zoning Administrator will issue the building permit

Filing: Following materials must be included: (applicants can consolidate multiple applications into one)

Complete Application

Denied

• Although the application does ask for Contractor wireless facilities are exempt from this requirement

Approved

For Technical Review Sign-offs and Department List see Technical Review Process

- But we do ask that all contractors that work in Cass County be registered in our office
- Including Evidence supporting the choice of the location for the proposed wireless support structure, including a sworn statement from the individual responsible for the choice of location demonstrating that collocation of wireless facilities on an existing wireless support structure was not a viable option because collocation:
  - Would not result in the same wireless service functionality, coverage, and capacity;
  - Is technically infeasible; or

Appeals to Court within 30 days

- Is an economic burden to the applicant
- Federal Communication Commission, Federal Aviation Administration, and American Nation Standards Institute provide information demonstrating compliance
- Construction Plans
- Engineered Certificate for the fall zone

public meeting

- Consent of Owner, Agent Authorization Letter and/or sign off from co-location owner (if applicable)
- A point of contact and maintenance schedule

\*any confidential or proprietary information provide to the planning department must be marked as such, so as to not be released as public information.

# Timeframe

The Planning will approve or deny submitted applications in writing within 10 business days of a complete application. A complete application will be determined by the Zoning Administrator.

#### **ILP Denied**

If an application is denied, and the applicant can't amend to meet standards within 30 days or 15 days for collocates, the application may apply to the Board of Zoning Appeals, which will approve or deny a case within a reasonable period of time. Reasonable period of time (unless applicant requests additional time):

Collocations: 45 days

New/Substantial Modification(IC 8-1-32.3-11) of Structure: 90 days or 120 days for a use variance

#### **Fee**

ILP and BZA applications will be **NO FEE** from the Planning Department, but due to public hearing at BZA meetings applicants shall pay for third party fees with for legal notice and mailings to interested parties.

## RIGHT-OF-WAY VACATION PROCESS Check with Assessor Letter to all regarding previously Utilities/Service Received approval from Utilities/Service Departments vacated Departments Submit to appropriate governing body with application (must approve of vacation) Rely upon attorney to prepare a notice of public hearing and Notify each property, by certified mail, whose land abuts the area to be vacated or provide proper ordinance with new legal be submitted to the notarized waiver appropriate governing body. All documentation must be provided to the Approved legislative body prior to the public hearing. Hearing will be set for next meeting. If in the City a subcommittee meeting before the public See Appeal Process Denied hearing is required.

#### Filing instructions

- A The applicant is required to:
  - 1. fill out application
  - 2. Provide instrument for vacation (like a deed of land)
  - 3. State the reasons for and circumstances prompting the request
  - 4. Specifically describe the property in the plat proposed to be vacated
  - 5. Give the name and address of each owner of land in the plat

The petitioner must also provide information about recorded covenants and commitments if they are seeking to vacate those as well.

- B. Within 30 days the appropriate legislative body will have a public hearing.
- C If denied the appropriate governing body may provide petitioner with written findings that set forth the decision. After 2 years the request may be heard again by such body.
- \*Note that decisions are final and that any aggrieved party may seek review through IC 36-7-4-1016
- D. Petitioner must record the instrument with the certificate showing the approval of the vacation from the Council or Commissioners.
- \*Note that the description of lots and parcels shall be preserved even after vacation unless 5 acres or more which can be described by metes and bounds.

### Legislative Body Public Hearing/Meeting Dates

**Logansport City Council**: 1st Monday of the Month at 6:30pm in the City Council Chambers, 3rd Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a rezone.

**Cass County**: 1<sup>st</sup> and 3<sup>rd</sup> Monday of the Month at 1:00pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for rezone approval.

**Walton:** 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for rezone approval.

#### Example Letter to Utility/Service Departments

# PLAT/PUBLIC WAY/PLATTED EASEMENT VACATION

\*NOTE: Please fill out entire Application and submit with documents listed below. Incomplete Applications will not be accepted. In addition to Application the Applicant must SUBMIT an INSTRUMENT OF VACATION (deed of land or survey).

| APPLICANT INFORM  | MATION:                   |                               |
|---|---------------------------|-------------------------------|
| Name:   |                           |                               |
| Address:  |                           |                               |
| Telephone:  |                           |                               |
| OTHER CONTACT (A Name: Address: Telephone: STATE THE REASON | Agent/Surveyor):          |                               |
| REQUEST:  |                           |                               |
| PLAT VACATION:  |                           |                               |
|   | Plaat                     | r(a):                         |
| ~ 1 1: : :  | DIOCK                     | z(s):                         |
| Property Street Address:                                    |                           |                               |
| Adjacent Streets:   |                           |                               |
| Zoning District:  | Total acrea               | ge: Parcel ID:                |
|   |                           | Covenants or Commitments with |
| Parcels:  | Yes (                     | ) No ( )                      |
| If yes, do you wa<br>Provide a list of names a              | ant to vacate them as wel |                               |
|   |                           |                               |
| STREET VACATION   |                           |                               |
| Legar description.  |                           |                               |
| Platted: Lot(s)   | I                         | Block(s)                      |
| Subdivision/Addition:                                       |                           |                               |
| Section:  | Township:                 | Range:                        |

| Parcel ID:                    | Total acreage:  |
|-------------------------------|---|
| Provide a list of names and a | ess of surrounding property owners:                       |
|                               |   |
|                               |   |
|                               |   |
| 11                            | e information provided in this Application and all        |
|                               | to the best of my knowledge. I understand that inaccurate |
| information may result in def | d review and scheduling of this item."                    |
|                               |   |
|                               |   |
| Signature of Applicant        | Date  |

# **UTILITY & SERVICE DEPARTMENTS**

Note: This is NOT an all encompassing list. You must contact your specific providers in your area.

Northern Indiana Public Service Company 1619 W. Logansport Road Peru, IN 46970 (765) 472-6469 Or other utility providers

Logansport Municipal Utilities

Bob Dunderman – Paul Hartman - Jim Jackson
601 E. Broadway, Room 101
Logansport, IN 46947
(574) 753-6231
Or other utility providers

Frontier
3216 Imperial Parkway
Lafayette, IN 47909
(765) 423-3531
Or other telephone and internet providers

Comcast 1413 S Reed Rd. Kokomo, IN 46902 (800)934-6489

Logansport Street Department 612 Race Street Logansport, IN 46947 (574) 753-4610

Logansport Fire Department 630 High Street Logansport, IN 46947 (574) 753-3102

Wabash Valley Refuse 316 Spring Valley Road Wabash, IN 46992 1-800-989-2539 or other trash providers

Police 601 E Broadway Logansport, IN 46947 (574) 753-4101

# ORDINANCE 2019-

# AN ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF LOGANSPORT, INDIANA VACATING AN ALLEY IN THE CITY OF LOGANSPORT

| WHEREAS,                      |
|-------------------------------|
|                               |
| WHEREAS                       |
| WHEREAS                       |
| NOW THEREFORE, BE IT ORDAINED |
| SECTION 1.                    |
| SECTION 2.                    |

**SECTION 3.** 

**SECTION 4.** 

# CASS COUNTY ALLEY & STREET VACATIONS

- 1. Check with the Cass County Assessor's Office in the County Building and make sure that the alley/street has not already been vacated. You will also want to get a copy of the plat.
- 2. A letter must be sent to all utility and service departments (See example letter) with your intentions. All utility/service departments must approve of the request to vacate. If an utility/service department does not agree to vacate, sometimes an agreement/easement can be obtained with that department. Attached is a list of all utility/service departments to contact.
- 3. Once all utility/service departments have responded to your request, and if all agree to the vacation, you will want to rely upon the services of an attorney to prepare a notice of public hearing, petition and proper ordinance. This **must** be presented to the Auditor's Office and a copy to the Commissioner's Office.
- 4. You must also notify each property owner, by certified mail, whose land abuts the area to be vacated. Proof of this notification **should** be presented at the same time as the public hearing, petition and ordinance. A copy of the approval from all the utility/service departments must be presented at the same time.
- 5. When a copy of all the above is presented to the Commissioner's Office and Auditor's Office they will put you on the Commissioner's meeting agenda to discuss the vacation and look at all the documents before the ordinance for the vacation is approved.

# (Example Letter)

Date

Logansport Municipal Utilities Robert Dunderman 601 E. Broadway Logansport, IN 46947

Dear Mr. Dunderman,

I am interested in vacating an alley. The alley to be vacated is a north/south alley which runs between 112 & 114 Simple Street. I have enclosed, for your convenience, a map of this section and have highlighted the specific area. Please advise me in writing if you approve or if the closing of these platted alleys/streets would create any hardship for your utility or service company.

For your convenience, you may check the appropriate line below, sign your name and date. I have also enclosed a self-addressed stamped envelope for your convenience.

| Yes, I approve of the vacation. No, I do not approve of this vacation. If no, please explain. |  |
|---|--|
|   |  |
|   |  |
|   |  |
| IGNATURE COMPANY  |  |
| DATE  |  |
|   |  |

Your prompt response to this request is greatly appreciated.

Sincerely, John Doe 112 Simple Street Logansport, IN 46947

# (Example Notice)

# **NOTICE OF PUBLIC HEARING**

| Notice is hereby given that the 0  | Cass County Commissioners will hold | a public hearing on              |
|--|-------------------------------------|----------------------------------|
| at   | in the Cass County Commiss          | sioner's Hearing Room, 200 Court |
| Park, Logansport, Indiana, regarding the   | proposed alley vacation at          | The following are                |
| the legal descriptions that run along suc  | h alley:                            |                                  |
|  |                                     |                                  |
| The public is invited to commen interested parties who appear will be given writing, on the proposed alley vacation. | ., , ,                              |                                  |

For more information please call Cass County Commissioner's Office (574) 753-7770.

# COUNTY AND WALTON BUILDING PERMIT INFORMATION

# **IMPROVEMENT LOCATION PERMITS**

An Improvement Location Permit shall be obtained before any person may:

- occupy or use any land; or
- construct, reconstruct, move, alter, or enlarge any structure; or
- change the use of a structure or land to a different use; or
- change a non conforming use.

Improvement Location Permits are not required for the following:

- agriculture uses and structures; except for confined feeding operations;
- water management and use facilities;
- yard improvements listed in Section 306.04 of the Ordinance;
- land preparation activities

# STAT E PERMITS

When is a state permit required?

- New commercial, industrial, or institutional development over 500 square feet
- New additions over 300 squarefeet
- Remodeling commercial, industrial, or institutional permits

Note: Exemptions from Design Release Requirements from the State of Indiana are covered under General Administrative Rule 675IAC 12-6-4. If this rule applies you still are required to obtain a local permit.

What is the process?

Submit your plans to the State Fire Prevention & Building Safety Plan Review (317-232-6422) for a State Design Release or <a href="https://www.in.gov/ai/appfiles/dhs-drs">www.in.gov/ai/appfiles/dhs-drs</a>. Upon receiving an approval you may file for an Improvement Location Permit (ILP) and Building Permit.

Note: Other documents such as driveway cuts and septic permits must be submitted before the Improvement Location Permit and Building Permit can be processed.

# HOW LONG IS AN IMPROVEMENT LOCATION PERMIT AND BUILDING PERMIT VALID?

Improvement location permit and building permits shall become null and void one year from the date of issuance. If the work described in the Improvement Location Permit and Building Permit has not been substantially completed by the expiration of this time, no further work may proceed unless and until a new permit has been obtained.

# INSPE C TI ONS

After site plans have been approved and permits have been issued, construction can begin. The construction work will be inspected throughout the course of a project. The approved set of plans with comments should remain (on-site) available to inspectors at all times.

Note that before any construction occurs you must call before you dig 811 to locate any utility lines within the construction area. (2 day turn around)

A contractor should request that the Planning Department perform the proper inspection at the proper stage of work a final inspection is required.

When all inspections have been made and a final inspection has been completed, then a Certificate of Occupancy can be issued and the structure may be occupied.

<u>DEMOLITION SITE INSPECTIONS:</u> Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. (After structure(s) is down and site has been cleared)

<u>FOOTERS:</u> Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. [For Post & Beam/Pier (FOOTINGS); Basement footings (LOWER FOOTING); and/or crawl space wall or slab wall (UPPER FOOTING)

A Grade stakes are required to be installed.

- B. All water pumped out and scraped clean to solid ground.
- C Forms are to be complete and level.
- D. Re-Bar installed, tied, and supported.
- E Tarps and insulation cover removed for inspection.
- F. INSPECTION MUST BE APPROVED BEFORE YOU POUR.

<u>ROUGH-IN:</u> Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. (Framing, electrical, and plumbing)

<u>Do NOT INSULATE</u> prior to inspection and approval. Inspection is to be approved <u>BEFORE</u> insulation and coverings on any of the construction areas are installed.

- A Structure is to be WEATHER TIGHT: Windows and doors in, roofing, and shingles on.
- B. All draft stops and fire blocking must be installed for this inspection.
- C Access to all areas must be provided.
- D. All rough-in work completed.

<u>FINAL INSPECTION:</u> Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date when job is completely finished and prior to occupancy.

## COUNTY AND WALTON RESIDENTIAL PERMIT PROCESS **Application Submittal** Pre- Application Conference with Planning Staff receives applications, fee, and supporting material then sends out for Technical Review Planning Staff Zoning Administrator **Technical Review** (Drainage, Soil and Water, LMU, Health Dept., Street and Highway Dept.) Do Plans meet the requirements of the Zoning Ordinance? Do specific Departments need to be involved? (2 days) (2 days) No Yes No Yes Zoning Administrator helps Permit is issued **Technical Review** take applicant through BZA Specific Department takes applicant process through their process. Sign-offs or (4 weeks) approved permits are given to Zoning **Building Commissioner** Administrator. 3 inspections – footer, rough-in, and final (up to 4 weeks) (applicant to call and make appointments 24 hrs. in advance) **Building Commissioner** Provides applicant Certificate of Occupancy

For Technical Review Sign-offs and Department List see Technical Review Process

# Submittal Requirements

- Completed Application(s)
  - Improvement Location Permit Application
    - □ Site Plan: including dimensions of property lines, setbacks, existing structures, septic location (if applicable), easements (if known), etc
  - On-Site Sewage System Application (Septic Permit, if applicable)
  - Highway Department/INDOT Permit (curb cut/access)
  - Rule 5 (if disturbing more than 1 Acre, if applicable)
  - Development Plan Review Application
    - □ Floodplain Regulations
    - □ Riverfront Protection Overlay District
    - Airport Overlay District (no Walton)
    - Gateway Overlay District (no Walton)

# LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947 FAX: (574) 753-7401

PH: (574) 753-7775

Please print in ink - Completed application will be processed within 48 hours Site Plan is required - Incomplete application will not be processed

| Property  | /Ow     | ner Info      | rmation         | ion * ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD |                        |        |                 |                |                |                          |       |                 |
|---|---------|---------------|-----------------|--|------------------------|--------|-----------------|----------------|----------------|--------------------------|-------|-----------------|
| Name:   |         |               |                 |  |                        |        |                 | Ph             | one #:         | :                        |       |                 |
| Address:  |         |               |                 | Email:   |                        |        |                 |                |                |                          |       |                 |
| City:   |         |               |                 |  |                        | St     | tate:           |                |                | Zip Code:                |       |                 |
| General   | Pro     | ject Info     | rmation         |  |                        |        |                 |                |                |                          |       |                 |
| Address of  | Impro   | ovement:      |                 |  |                        |        |                 |                |                | Township:                |       |                 |
| Description   | of Pr   | oject:        |                 |  |                        |        |                 |                |                | Owned                    | ( )   | Leased ()       |
| Parcel #:   |         |               |                 |  |                        |        |                 |                |                |                          |       |                 |
| Type of Use   | e:      | Co            | mmercial/Indu   | ustrial (  | ) Residentia           | ıl (   | )               | Agricultural(  | )              |                          |       |                 |
| Dimensions<br>Improvemen  |         | (L)           | (W)             |  | (H)                    |        | Size (Sc        | μ. Ft.):       |                |                          |       |                 |
| Setbacks:   |         | Side:         | Side            | :  | Front:                 | Rear   | r:              |                |                |                          |       |                 |
| Addition  | al P    | roject In     | formation       | 1  |                        |        |                 |                |                |                          |       |                 |
| Estimated 0   | Cost:   |               |                 |  | Estimated Co           | mple   | etion Date:     |                |                |                          |       |                 |
| Contractor's  | s Nan   | ne:           |                 |  |                        |        | Phone #:        |                |                |                          |       |                 |
| Health Dept   | t. per  | mit #:        |                 |  | C.C. Curb Permit       |        |                 |                |                | LMU Perm                 | it    |                 |
| Subdivision   | :       |               |                 |  | Foundation ty          | ре     | ( Circle one )  |                | Sla            | ab / Crawlspa            | се    | / Basement      |
| Mobile Hom  | ne:     | Make          | Yr.             |  | Serial #               |        |                 |                | State Form 787 | 8                        |       |                 |
| The undersigned hereby certifies the following:   |         |               |                 |  |                        |        |                 |                |                |                          |       |                 |
| 1.) That all construction requested by this application will comply with all City, State and Federal regulations. |         |               |                 |  |                        |        |                 |                |                |                          |       |                 |
| <b>2.)</b> That the   | com     | pleted proje  | ct will conform | m to the site  | e plan and application | pres   | sented or leg   | al action may  | be tal         | ken.                     |       |                 |
| 3.) That ins  | pection | ons are requ  | uired before a  | Certificate  | of Occupancy may b     | e iss  | ued.: Footer    | ; Rough-In (if | applica        | able); Final Please call | 24 hc | ours in advance |
| <b>4.)</b> That the   | struc   | cture and/or  | land use ma     | y not be occ   | cupied without the sig | ned    | Certificate of  | Occupancy.     |                |                          |       |                 |
| 5.) That all i  | inforn  | nation in thi | s application   | is true and  | accurate.              |        |                 |                |                |                          |       |                 |
| Signature o   | of Ap   | plicant / Re  | epresentativ    | e:   |                        |        |                 |                |                |                          |       |                 |
| Please F  | Print   | Name:         |                 |  |                        |        |                 |                |                | Date                     |       |                 |
|   | (       | CALL 2 DA     | YS BEFORE       | YOU DIG: 8   | 811 or 1-800-382-554   | 44 Tr  | acking#         |                |                | Da                       | ıte:  |                 |
|   |         |               | TO BE CON       | <b>IPLETED</b>   | BY THE COMMU           | NIT    | Y DEVELO        | PMENT & F      | PLAN           | NING DEPARTMEN           | NT ST | TAFF            |
| Zoning Clas   | ss      |               |                 | Does the   | project conform to the | nis zo | oning classific | cation?        |                | Yes                      |       | No              |
| Flood Zone  |         |               |                 | Elevation (  | Certificate Required?  |        | Yes             | No             |                |                          |       |                 |
| Is a confine  | d fee   | d operation   | within 1320 f   | eet?   | Yes                    |        | No              |                |                |                          |       |                 |
| Within an O   | verla   | y District?   |                 | Airport  | Downtown               |        |                 |                |                | Riverfront               |       | Grissom         |
| Approved:   |         |               | Denied:         | Date:  |                        | Sign   | nature:         |                |                |                          |       |                 |
| NOTES:  | •       |               |                 |  |                        |        |                 |                |                |                          |       |                 |
| Building Pe   | rmit F  | ee:           |                 |  |                        |        | ILP F           | Permit Fee:    |                |                          |       |                 |
| Total Permi   | t 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:

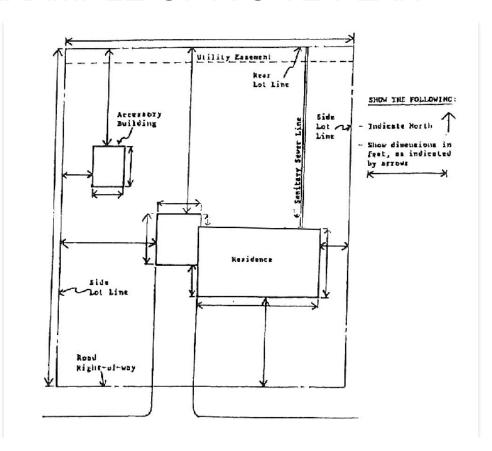
  FOOTER:

  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**



| Permit No.:   |                                  | Date Approved:       | ,20              |  |  |
|---|----------------------------------|----------------------|------------------|--|--|
| Highway Acc   | ess Perm                         | nitApplication       |                  |  |  |
| Type of Permit:   |                                  |                      |                  |  |  |
| CommercialSubd  | livision _                       | Private Drive        | Other            |  |  |
| Today's Date:, 20   | _                                |                      |                  |  |  |
| Driveway Location: (Nearest intersect   | ion or land                      | mark and distance    | ∍)               |  |  |
| Physical Address - if known:  |                                  |                      |                  |  |  |
|   |                                  |                      |                  |  |  |
|   |                                  |                      |                  |  |  |
|   |                                  |                      |                  |  |  |
| Existing Use of Parcel: (agricultural, re   | esidential, <sup>,</sup>         | vacant, etc)         |                  |  |  |
| Proposed Use of Parcel: (gas station,   | subdivisio                       | n, residential, etc. | )                |  |  |
| NOTE:   |                                  |                      |                  |  |  |
| Sketches or plans must be attache 00-06, the Highway Access and Frequirements for a private drive are diffes subdivisions.) | Road Cut                         | Ordinance. (Plea     | se note that the |  |  |
| ATTACHED:_Yes_No  |                                  |                      |                  |  |  |
| Application Fee: \$   |                                  |                      |                  |  |  |
| Private Drive<br>Commercial, Industrial Drives<br>Subdivision Entrance  | \$ 10.00<br>\$ 25.00<br>\$ 50.00 |                      |                  |  |  |

If this application is granted, the applicant hereby agrees to place the portion of the highway or the part adjacent thereto in as good condition as it is now, and to backfill any trench or opening by thoroughly tamping the backfilling in layers not exceeding four inches deep. And to maintain the surface that has been disturbed in a smooth and uniform condition for a period of six months after the work is completed, unless ground conditions require a longer period ofmaintenance.

The applicant further agrees to indemnify the County of Cass against any claims for injury or damage to the persons or property. The applicant also agrees to notify the Cass County Highway Department at least 72 hours prior to the time beginning the work done under this permit.

Please return application to:

Cass County Highway Department 1251 N. St. Rd. 17 N. Logansport, IN 46947

|   | ·   |  |  |  |
|---|---|--|--|--|
| Permit Applicant (Please print)   | Permit Applicant Signature  |  |  |  |
| Name of Company or Organization (if   | other than applicant)   |  |  |  |
| Post Office Address   | Telephone   |  |  |  |
| City, State, Zip  |   |  |  |  |
| For Official Use Only   |   |  |  |  |
| PERMISSION GRANTED:Yes  | No  |  |  |  |
| Driveway Culvert Required:Yes   | No  |  |  |  |
| Cass County Highway Crew Superviso  | r or;   |  |  |  |
| Cass County Highway Superintendent  |   |  |  |  |
| The following must be completed.  |   |  |  |  |
| If required, I,<br>larger under the requested driveway<br>completion to the property. | , agree to install a inch culvert or<br>within 30 calendar days of construction |  |  |  |
| Permit Applicant Signature  |   |  |  |  |



# STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

| Type of Permit:               | 0.1450                     | 115  | 0 01 : 10                |                       |   |                             |
|-------------------------------|----------------------------|--|--------------------------|-----------------------|---|-----------------------------|
| D Private Driveway Class      | 0 Minor Con<br>Class       | nmercial Driveway                              |                          | nercial Driveway 0    | Major Commercial Driveway Class                       |                             |
| District                      | Class                      | Subdistrict                                    | Class                    | Subdistrict teleph    |   | <del> </del>                |
|                               |                            | Gubulatriot                                    |                          | ( )                   | one number  |                             |
| Driveway location:            |                            | ÷  |                          |                       |   | <u> </u>                    |
|                               |                            |  |                          |                       |   | 0<br>a<br>ac<br>CC<br>3     |
|                               |                            |  |                          |                       |   | a a                         |
|                               |                            |  |                          | Reference pt. nui     | mber  | . ,,                        |
| D Legal description of        | of Parcel is attached (    | A// driveway application                       | ns)                      |                       |   |                             |
| D 20 year Certified Ti        | tle Search or Title Ins    | urance is attached (A                          | lf commercial driveway a | applications)         |   |                             |
| Present use of Parcel(s):     |                            |  |                          |                       |   | <u> </u>                    |
|                               |                            |  |                          |                       |   | $\perp$ $\square$ $\square$ |
|                               |                            |  |                          |                       |   | a a                         |
| Proposed use of Parce!(s) Inc | luding adjacent Parcels ow | ned and $\emph{I}$ or controlled by $\emph{a}$ | applicant:               |                       |   |                             |
|                               |                            |  |                          |                       |   | +   -                       |
|                               |                            |  |                          |                       |   | <u> </u>                    |
|                               |                            |  |                          |                       |   |                             |
|                               |                            |  |                          |                       |   | h h                         |
|                               |                            |  |                          |                       |   | a III a                     |
|                               | I                          |  |                          |                       |   | 3                           |
| Bond required:                |                            |  |                          | Bond number           |   | <del> </del>                |
| D Yes 0 No                    |                            | \$   |                          |                       |   | <u> </u>                    |
| APPLICATION FEE: (            | Make check or bank o       | lraft payable to "Indian                       | a Department of Transp   | portation') 1\$       |   | n                           |
| SPECIAL PROVISIONS:           |                            |  |                          |                       |   | 0<br>a<br>0                 |
|                               |                            |  |                          |                       |   | ft                          |
| THE APPLICANT AGREE           | S TO INDEMNIEY DEF         | ND EXCUIPATE AND                               | HOLD HARMLESS THE S      | TATE OF INDIANA ITS   | S OFFICIALS AND EMPLOYEES                             | _                           |
| FROM ANY LIABILITY DU         | E TO LOSS, DAMAGE, I       | NJURIES, OR OTHER C                            | ASUALTIES OF WHATSO      | EVER KIND, OR BY WI   | HOMSOEVER CAUSED, TO THE<br>SSUANCE OF THIS PERMIT OR |                             |
| THE WORK CONNECTED            | THEREWITH, OR FRO          | M THE INSTALLATION,                            | EXISTENCE, USE, MAINT    | ENANCE, CONDITIONS    | S, REPAIRS, ALTERATION, OR                            |                             |
| ITS OFFICIALS, AGENTS,        | OR EMPLOYEES; OR (         | 2) OF THE APPLICANT,                           | HIS AGENTS, OR EMPLO     | YEES, OR OTHER PE     | OMISSIONS (1) OF THE STATE,<br>RSONS ENGAGED IN THE   |                             |
|                               |                            |  |                          |                       | GOUT OF THE WORKMEN'S  Y All REASONABLE EXPENSES      | if<br>c<br>c                |
| AND ATTORNEY'S FEES I         |                            |  | CONNECTION HEREWITH      | I IN THE EVENT THAT T | HE APPLICANT SHALL DEFAULT                            | 0                           |
| Signature of permit applicar  | l                          |  | Printed name of p        | ermitapplicant        |   | ┤                           |
|                               |                            |  | •                        |                       |   |                             |
| Name of company or organiza   | ition                      |  | _                        | Telephone number      |   |                             |
| Address (number and stree     | t, city, slate, ZIP code)  |  |                          | , ,                   |   | † <u> </u>                  |
| Inquagtor                     |                            |  |                          |                       |   | _ M 3                       |
| Inspector                     |                            |  |                          |                       |   | a<br>C                      |
| District Regulatory Supervis  | or                         |  |                          |                       |   | - 3 m                       |
| District Division             |                            |  |                          |                       |   |                             |
| Distr;ct Director             |                            |  |                          |                       |   |                             |
|                               |                            |  |                          |                       |   | → +                         |



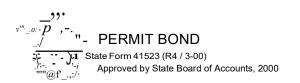
# INDIANA DEPARTMENT OF TRANSPORTATION LaPorte District Permit Section Permit Bond Information



In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).

| Name of Insurance Company:   |
|--|
| ContactPerson:   |
| Office Address:  |
| City: State:Zipcode:   |
| Telephone Number:  |
| Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above. |
| FOR OFFICE USE ONLY  |
| Permit Number:   |
| Bond Number:   |

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at (219) 362-6125



| D Driveway 0 Exca  | avation   | D Pole Line  | D Bridge Attach   | nment                                | D Misc.   |  |
|--|---|--|---|--------------------------------------|---|--|
| Know all men by these p  | resents that we, the  | Undersigned  |   |                                      |   |  |
| (address)  |   |  |   |                                      |   | as Principal ar  |
| (address)  |   |  |   |                                      |   | as Surety, a   |
| hereby held and firmly be  | ound unto the <i>State</i>  | of Indiana in th   | e penal sum of  |                                      |   | , for the  |
| payment of which well ar   |   |  |   | nd ourselv                           | es, our heirs, exe  | cutors, administrato                                       |
| successors and assigns:  |   |  |   |                                      |   |  |
| DATEDTHIS  |   |  |   |                                      |   |  |
| DATEDITIIO   |   |  |   |                                      |   |  |
| The conditions of the ab   | ove obligation are  | such that, wher  | reas, the above na  | ımed                                 |   |  |
| did on   |   |  | make appl   | ication fo                           | r a permit with the   | e State of Indiana fo                                      |
| which permit is made a p   | part of this bond the   | e same as thou   | gh set forth herein   | ı.                                   |   |  |
| Now, if said   |   |  | (F  | Principal -                          | Applicant) shall v  | well and faithfully d                                      |
| and perform the things a   | greed by the  |  |   |                                      |   | (Principal-Applican  |
| to be done and performed   |   | ms of said perm  | it and to the satisfac  | ction of the                         |   |  |
| and shall pay all lawful c   |   |  |   | -                                    |   |  |
| services rendered in the ca  |   | _  |   | -                                    | •   | · ·  |
| hen this obligation shall  |   |  |   |                                      |   | =  |
| agreed that the liability of   |   | and all claims   | hereunder except  | as provid                            | led below shall in  | no event exceed the  |
| nanal cum at thic abligatio  | n ac harain stated  | In avent of none   | compliance the cur  | -                                    | o liable for the co   |  |
|  |   |  | •   | ety shall b                          | e liable for the co   |  |
|  |   |  | •   | ety shall b                          | e liable for the co   |  |
|  | on of this bond over  | and above the  | peral sumof this ob   | ety shall b                          | oe liable for the co  |  |
| ees spent in the collection  | on of this bond over  | and above the  | peral sumof this ob   | ety shall b                          | oe liable for the co  | urt costs and attorne                                      |
| ees spent in the collection  | on of this bond over<br>OF, we hereunto se  | and above the  | peral sumof this ob   | ety shall b                          | oe liable for the co  | urt costs and attorne                                      |
| fees spent in the collection   | on of this bond over<br>OF, we hereunto se  | and above the  | peral sumof this ob   | ety shall b                          | oe liable for the co  | urt costs and attorne                                      |
| fees spent in the collection   | on of this bond over OF, we hereunto se,20 Surety   | and above the  | peral sumof this ob   | ety shall b                          | pe liable for the co  | urt costs and attorne                                      |
| fees spent in the collection   | on of this bond over OF, we hereunto se,20  | and above the  | peral sumof this ob   | ety shall to                         | Principal   | urt costs and attorne                                      |
| ees spent in the collection IN WITNESS WHERE   | on of this bond over OF, we hereunto se,20 Surety   | and above the  | peral sumof this ob   | ety shall to                         |   | urt costs and attorne                                      |
| fees spent in the collection IN WITNESS WHERE  | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)                     | and above the  | peral sumof this ob   | ety shall to                         | Principal   | urt costs and attorne                                      |
| fees spent in the collection IN WITNESS WHERE  (Attach F   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)                     | and above the  | peral sumof this ob<br>seals this<br><br>County of                                | ety shall to                         | Principal   | urt costs and attorne                                      |
| <i>(Attach F</i><br>State of   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)                     | and above the  | peral sumof this obtained by the seals this  County of                            | ety shall to                         | Principal   | urt costs and attorne                                      |
| fees spent in the collection IN WITNESS WHERE  (Attach P State of Personally appeared be   | On of this bond over OF, we hereunto se,20  Surety Power of Attorney) pefore me,          | and above the  | peral sumof this obtained by the seals this  County of all and as Surety and each | ety shall to                         | Principal   | urt costs and attorned day o                               |
| fees spent in the collection IN WITNESS WHERE  (Attach P State of Personally appeared be   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)                     | and above the  | peral sumof this obtained by the seals this  County of                            | ety shall to                         | Principal   | urt costs and attorned day o                               |
| fees spent in the collection IN WITNESS WHERE  (Attach P State of Personally appeared be   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | and above the  | County ofal andas Surety and each,20  | rety shall to bligation.             | Principal  edged the execution  | urt costs and attorned day o                               |
| fees spent in the collection IN WITNESS WHERE  (Attach F State of Personally appeared be his Witness my hand and                                 | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | and above the  | County ofal andas Surety and each,20  | rety shall to bligation.             | Principal edged the execution   | urt costs and attorned day of second day of the above bond |
| fees spent in the collection IN WITNESS WHERE  (Attach F State of Personally appeared be his Witness my hand and                                 | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | and above the  | County ofal andas Surety and each,20seal the said la                              | rety shall to bligation.             | Principal  edged the execution  | urt costs and attorned day of second day of the above bond |
| (Attach P State of Personally appeared b his Witness my hand and   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | and above the  | county ofal and,20seal the said la  | n acknowle                           | Principal edged the execution date.   | on of the above bond                                       |
| fees spent in the collection IN WITNESS WHERE  (Attach P State of Personally appeared be his Witness my hand and                                 | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | and above the t our hands and  | County ofal andas Surety and each,20seal the said la                              | n acknowle                           | Principal edged the execution   | on of the above bond                                       |
| fees spent in the collection IN WITNESS WHERE  (Attach F State of Personally appeared be   | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | as Principal as Principal as County,   | county ofal and,20seal the said la  | n acknowled                          | Principal  edged the execution date.  stary Pubic (Written Stary Pubic (Printed or Ty | on of the above bono                                       |
| fees spent in the collection IN WITNESS WHERE  (Attach F State of Personally appeared bethis Witness my hand and My Commission Expires reside in | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | as Principa  | County ofal and,20seal the said la  | n acknowled                          | Principal  edged the execution date.  stary Pubic (Written Stary Pubic (Printed or Ty | on of the above bono                                       |
| (Attach F State of Personally appeared b  My Commission Expires reside in  | OF, we hereunto se ,20  Surety Power of Attorney) Defore me,  day of                      | and above the tour hands and above the and above the tour hands and as Principal as | County ofal and,20seal the said la  | n acknowled                          | Principal  edged the execution date.  stary Pubic (Written Stary Pubic (Printed or Ty | on of the above bond                                       |
| (Attach Fatate of Personally appeared by Witness my hand and state in Expires reside in  | on of this bond over OF, we hereunto se,20  Surety Power of Attorney)  Defore me,  day of | as Principa  | County ofal and,20seal the said la  | n acknowled ast named Notar DN OF LL | Principal  edged the execution date.  stary Pubic (Written Stary Pubic (Printed or Ty | on of the above bond                                       |

# SECTION 31: DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail:

- Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
- 2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
- **·3,** Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
- **4.** Existing drainage patterns (including existing contours) and structures, including size and kind.
- 5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
- 6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
- 7. Width dimensions of highway right-of-way.
- 8. Width and type of highway pavement.
- **9.** Highway right-of-way and property lines.
- **10.** Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
- 11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
- 12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
- 13. Proposed treatment of right-of-way area adjacent to and between approaches.
- **14.** Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
- **15.** A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
- 16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306

Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| Date Registration Filed: |  |
|--------------------------|--|
|                          |  |

# Contractor's Registration Application (Ordinance # 2013-14)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with Ordinance # 2013-14.

| Contractor's/Sub-Contractor's Name:   |  |  |  |  |
|---|--|--|--|--|
| Legal Business Status / Nature of Business:   |  |  |  |  |
| Address:  |  |  |  |  |
|   |  |  |  |  |
| Telephone Number:   |  |  |  |  |
| A person, partnership, or corporation shall be entitled to receive a "Contractor Registration" as a contractor in the County of Cass if the following requirements are met:   |  |  |  |  |
| <ul><li>(A) This application been submitted with the following:</li><li>1. The "Registration" fee of \$50 for General Contractors and \$25 for Sub-Contractors;</li></ul>   |  |  |  |  |
| 2. The contractor provides proof of insurance for: \$1,000,000.00 (One Million Dollars), for any occurrence relative to which there is an injury or death to one or more persons; and \$500,000 (five hundred thousand dollars) for any occurrence relative to which there is damage to property. |  |  |  |  |
| (B) The person, partnership, or corporation has not had a "Contractor Registration" issued under Ordinance # 2014-13 suspended or revoked within one year of the application date; and  |  |  |  |  |
| (C) The partnership has not had a partner or the corporation has not had an officer who has had a "Contractor Registration" issued under Ordinance # 2013-14 suspended or revoked within one year of the permit application date.   |  |  |  |  |
| The "Contractor Registration" is non-transferable and maybe good for up to a one (1) year period. Initial "Registrations" may occur throughout the year, but renewals will be due January 1 of each year following initial "Registration".  |  |  |  |  |
| The County of Cass Board of Commissioners may suspend the "Registered Contractor" issued under Ordinance # 2013-14 to any person, partnership, or corporation if they meet one of the entries under Section 6 of the Ordinance.   |  |  |  |  |
| By my signature, I acknowledge the above information and attached insurance, to my knowledge and belief, are true and correct.  |  |  |  |  |
| Applicant's Signature:  |  |  |  |  |

# Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities

# **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (I) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

# Step by Step Process for Compliance with 327 IAC 15-5

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

# Step 1:

Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique i;tnd therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "IndianaStom1 Water Quality Manual" is available o-line at <a href="http://www.in.gov/idem/4899.htm">http://www.in.gov/idem/4899.htm</a>.

# Step 2;

Submit the Construction Plan to the plan reviewing authority. In most situat ions, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a

Page | of 3

Revised 07/21/08

IDEM, OWO

notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice oflinent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one on these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <a href="http://www.in.gov/idem/5429.htm">http://www.in.gov/idem/5429.htm</a>.

# Step 3:

Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.

# Step 4:

Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation ofland disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.

A separate Notice ofIntent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice ofIntentletter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

# Step 5:

Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice of Intent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Page** 2 **of** 3

Revise,/07/2//08 IDEM,OWO

# Step 6:

# Implement the approved Construction Plan throughout the life of the project.

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storin water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

# **Step** 7:

# Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

# **Agency Information**

• Storm Water Program Website:

http://www.IN.gov/idem/4896.htm



required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

| TypeofSu   | bmittal(CheckApp | ropriateBox): |  |
|------------|------------------|---------------|--|
|            | OAmendment       |               |  |
| Permit Nur | nber:            |               |  |
|            |                  |               |  |

(Note: The initial submittal does not require a permit number; the Department wi/1

assign a number. A permit number is required when filing an amendment,

Anolying for renewal, or correspondence related to this oermit).

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construe/ion Activity. Permitted project site owners are

|  | Project N                                  | lame and Location                          |   |
|--|--|--|---|
| Project Name:  |  |  | County:   |
| Brief Description of Project Location                              | 1:   |  | -L  |
|  |  |  |   |
| Township, and Range, Civil Townsh                                  |  |  | entation) <u>and</u> by legal description (Section, |
| Latitude;  |  | Longitude:                                 |   |
| Quarter: Secti   |  | Range:                                     | CivilTownship:                                      |
| Does ☐ all or ☐ part of this project ☐ Yes ☐ No If yes, name the N | MS4(s):                                    |  | ystem (MS4) as defined in 327 IAC 15-13?            |
| Company Name (If Applicable):                                      | Project Site Owner an                      | nd Project Contact Information             |   |
|  |  |  |   |
| Project Site Owner's Name: (An Inc                                 | lividual)                                  |  | Tille/Position:                                     |
| Address:   |  |  |   |
| City:  |  | State:                                     | ZIP Code:   |
| Phone:   | FAX:                                       | E-Mail Address: (If Available)             |   |
| Ownership Status (check one):                                      |  |  |   |
| Governmental Agency: 0 Federal                                     | O State D Local Non-Governm                | ental: $D$ Public $D$ Private $D$ Other: ( | (Explain)   |
| Contact Person:  |  | Company Name: (If Applicable)              |   |
| Affiliation to Project Site Owner:                                 |  |  |   |
| Address: (if different from above)                                 |  |  |   |
| City:  |  | Stale:                                     | ZIP Code:   |
| Phone:   | FAX:                                       | E-Mail Address: (If Available)             |   |
|  | Projec                                     | t Information                              |   |
| Project Description:   | Call Market Farmily (Commonwell)           | D. L. Land D. Others (Investigate)         |   |
| Name of Receiving Water:   | sidential-Multi-Family O Commercial I      | D Industrial D Other: (i=xpiain)           |   |
| rtaine or reconving reason   |  |  |   |
| nearest possible receiving water rece                              |  | nate receiving water. If a retention pond  | d is present on the property, the name of the       |
| Project Acreage  |  |  |   |
| Total Acreage:   | Proposed Land Disturbance: (in acre        | es)  |   |
|  | quare feet , estimated for completed proje | ect)                                       |   |
| Project Duration   |  |  |   |
| Estimated Start Date:  | Estimated End                              | Dale for all Land Disturbing Activity:     |   |

(Con tinued on Reverse Side)

Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construct and Constr
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of lhe Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication Must include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged Following is a sample Proof of Publication:

XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of ovrintent to comply with the requirements of 327/AC 15-5 to discharge stonn water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Rvnofffrom the project site will discharge to the White River. Qvestions or comments regarding this project should be directed to Walter Water of XERT Development Inc."

D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOi submittals (initial and renewaQ. A fee is not required for amendments.

# Projec Site Owner Responsibility Statemen

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisionsof 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

| Timed Name of Froject Owner. |       |  |
|------------------------------|-------|--|
| Signature of Project Owner:  | Date: |  |

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327!AC 15-4-3(9). All NOi submittals must include an original signature (FAX and photo copies are not acceptable).

Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.

Nole; A permit issued under 327 /AC 15-5 is granted by the commissioner for a period of five (5) years from the dale coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for constructionactivity continvation, a new Notice of Intent Jetter {Renewal} is reqvired to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOi Letter, Proof of PublicaUonFee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original sybmittal).

Mail this form to: Indiana Department of Environmental Management Cashiers Office • Mall Code 50-10C

100 North Senate Avenue I ndianapolis ., IN 46204-2251

Printed Name of Project Owner

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intentletter besubmitted to the local Soil and Waler Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questionsregarding the development or implementation of the Construction Plan/Storm Water Pollutfon Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.

For information and forms visit:http://www.v.in.gov/idem/permitsl water/wastewater/wetwthr/storm/rule 5.html



For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Deparbnent of Environmental Management

Storm Water, Permits Coordinator 100 North Senate Avenue

MC 65-42, Room 1255

Indianapolis, Indiana 46204-2251 Telephone (317) 233-1864 or

(800) 451-6027(wilhin Indiana), ext. 31864

Web Access: http://www.IN.gov/idem/4902.htm

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the te1111s and conditions of the General Permit Rule 327 /AC 15-5(Rule 5, S/01111 Weter Discharges Associated with Construction Activity) for termination of pe1111it coverage under the National Pollutant Discharge Elimination System(NPDES).

#### PROJECT NAME AND LOCATION

|   | •   |                               |          |  |  |
|---|-----|-------------------------------|----------|--|--|
| Permit number   |     |                               |          |  |  |
| (Note: Permit numbers were assigned to projects beginning in November of $2003$ . Therefore, a permit number is only applicable for those projects that began or were renewed on or after November of $2003$ ). |     |                               |          |  |  |
| Project name County   |     |                               |          |  |  |
| (Note: Provide the project name as it appears on the active "Notice of Intent')   |     |                               |          |  |  |
| Company name  |     |                               |          |  |  |
| Project site owner's name (an individual)   |     |                               |          |  |  |
| Address (number and street)   |     |                               |          |  |  |
| City  |     | State                         | ZIP code |  |  |
| Telephone FAX   | X . | E-mail address (if available) |          |  |  |
| THIS "NOTICE OF TERMINATION" IS BEING SUBMITTED FOR THE FOLLOWING   |     |                               |          |  |  |
| To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include:  |     |                               |          |  |  |

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of cons1ruction activities (327 !AC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

#### D Option # 1 Certification for change of ownership

This option does not apply to the sale of individual Jots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

#### By signing this "Notice of Termination" | Certify the following:

A. The project was sold; I amnolonger the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (Ifapplicable)

Project site owner's name (An individua

Address (number and street)

City State Z IP code

Telephone number FAX E-mail Address (If available)

B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent:

#### D Option# 2 Certification for termination of construction activities

#### By signing this "Notice of Termination'. I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at !he project site.

 $\overline{D}$  Option # 3 "Notice of Tennination" to obtain early release from compliance with 327 IAC 15-5

By signing this "Notice of Termination." I certify the following:

- A. Toe remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat lo the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

#### Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

#### PROJECT SITE OWNER RESPONSIBILITY STATEMENT

#### SUBMITTAL OF THE "NOTICE OF TERMINATION"

Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Waler ConseNation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwaterpollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at

Indiana Department of Environmental Management Storm Water Permits Coordinator 100 North Senate Avenue Mail Code 65-42,Room 1255 Indianapolis, IN 46204-2251

#### Additional considerations

It is not required by 327 /AC 15-5 lhat the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.

If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination wilf be reviewed for concurrence and either re/urned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.

|      |                                | FOR AG   | ENCY USE ONLY (F           | IELD VERIFICATION OF 1  | TERMINATION)            |                           |
|------|--------------------------------|--|----------------------------|---|-------------------------|---------------------------|
| rem. | aining stoimwa<br>owner.has me | ater quality measures a et the requirements of 3 | and cornplianc with te Not | nental·Managementmayinspecfl<br>tice of Terminalion (NOT) require<br>nayelect to sign off on the project.<br>ment | ments; Jf lhe.insp ng e | nUtyfinds thalUieproject  |
| 0    | Accepted                       |  |                            | ndit has been determined that the<br>st-be subm,itted to the IDEM for fin   |                         | project is compliant with |
| D    | Denied                         | With the requirements                            | _ : ;                      | nd it has been determined that the e to implement the Storm Water i.  |                         | . ,                       |
| Sigr | nature                         |  | Printed name               | Agency  |                         | Date (nionih, day, year,  |

#### **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

#### Option 1

#### **Change** in **Ownership**:

D A project is sold to another party and meets the following conditions.

• A request to tenninate does not apply to the sale of individual lots within the pennitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

#### Option2

Certification for Termination of Construction Activity (All conditions below must be met to qualify for termination):

- All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (Field Assessment).

  Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.
- D No future land disturbing activities are planned for the site (Field Assessment). Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.
- All temporary erosion and sediment control measures have been removed (Field Assessment).

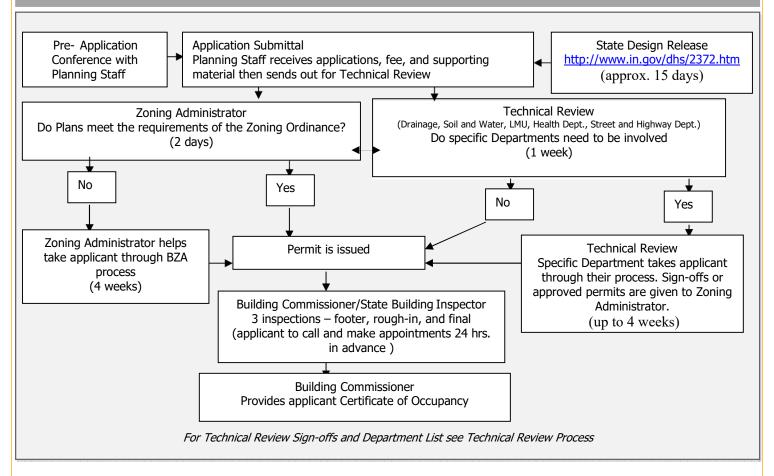
#### Option 3

#### Early Release (All conditions below must be met to qualify for termination):

- D Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (Field Assessment).
- D Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (Field Assessment).
- D All permanent storm water quality measures have been implemented and are operational (Field Assessment).

IDEM. OWQ January, 2007

#### COUNTY AND WALTON COMMERCIAL AND INDUSTRIAL PERMIT PROCESS



#### Submittal Requirements

- Improvement Location Permit Application
  - □ Site Plan
  - □ Paving Plan
  - □ Drainage Plan
  - Landscape Plan/Buffer Plan
  - □ Lighting Plan
  - □ Floor Plans of All Proposed Buildings
  - □ Elevations of All Proposed Buildings
  - □ Proposed Sign (location & size)
  - Construction Drawings
- Development Plan Review Application
  - □ Floodplain Regulations
  - □ Riverfront Protection Overlay District
  - Airport Overlay District
  - Gateway Overlay District
- □ Health Department Permits (Restaurant, Septic)
- □ Street Department/Highway Department/INDOT Permit (curb cut/access)
- □ Rule 5 (Disturbing more than 1 Acre)
- State Design Release

#### 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 INFO             | PRMATION PRO           | OVIDED WILL BE             | COM    | IE 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/Inde                 | lustrial ( ) Resider             | ntial()                | Agricultural ( )       |                            |        |                  |
| Dimensions of Improvement: (L) (W)           | ) (H)                            | Size (S                | g. Ft.):               |                            |        |                  |
| Setbacks: Side: Side                         |                                  | Rear:                  | . ,                    |                            |        |                  |
| Additional Project Information               |                                  |                        |                        |                            |        |                  |
| Estimated Cost:                              | Estimated                        | Completion Date:       |                        |                            |        |                  |
| Contractor's Name:                           |                                  | Phone #:               |                        |                            |        |                  |
| Health Dept. permit #:                       | C.C. Curb Perm                   | nit                    |                        | LMU Permit                 |        |                  |
| Subdivision :                                | Foundation                       | ( Circle one )         | Sla                    | ab / Crawlspac             | е      | / Basement       |
| Mobile Home: Make Yr.                        | Serial#                          |                        |                        | State Form 7878            | 1      |                  |
| The undersigned hereby certi                 | ifies the following:             |                        |                        |                            |        |                  |
| 1.) That all construction requested by this  | s application will comply with a | all City, State and Fe | ederal regulations.    |                            |        |                  |
| 2.) That the completed project will conform  | rm to the site plan and applicat | tion presented or le   | gal action may be ta   | ken.                       |        |                  |
| 3.) That inspections are required before a   | a Certificate of Occupancy ma    | ay be issued.: Foote   | r; Rough-In (if applic | able); Final Please call 2 | 24 hou | urs in advance   |
| 4.) That the structure and/or land use ma    | ay not be occupied without the   | signed Certificate of  | of Occupancy.          |                            |        |                  |
| 5.) That all information in this application | is true and accurate.            |                        |                        |                            |        |                  |
| Signature of Applicant / Representativ       | /e:                              |                        |                        |                            |        |                  |
| Please Print Name:                           |                                  |                        |                        | Date                       |        |                  |
| CALL 2 DAYS BEFORE                           | YOU DIG: 811 or 1-800-382-       | -5544 Tracking #       |                        | Dat                        | e:     |                  |
|  | MPLETED BY THE COM               |                        | OPMENT & PLAN          | NING DEPARTMEN             | T ST   | AFF              |
| Zoning Class                                 | Does the project conform t       | to this zoningclassif  | cation?                | Yes                        |        | No               |
| Flood Zone                                   | Elevation Certificate Require    | ed? Yes                | No                     |                            |        |                  |
| Is a confined feed operation within 1320 t   | 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:

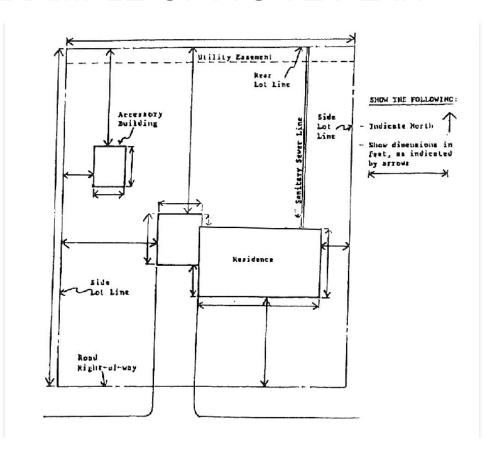
  FOOTER:

  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**





# APPLICATION FOR CONSTRUCTION DESIGN RELEASE ☐ STANDARD / ☐ PARTIAL ☐ FOUNDATION REQUEST

State Form 37318 (R13 / 8-99) Approved by State Board Of Accounts 1999

### Return to: INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES PLAN REVIEW DIVISION OFFICE OF THE STATE BUILDING COMMISSIONER

OFFICE OF THE STATE BUILDING COMMISSIONER
INDIANA GOVERNMENT CENTER SOUTH
402 W WASHINGTON ST RM E245
INDIANAPOLIS IN 46204-2739
www.in.gov/sema/osbc/plan/index.html

#### PLEASE PRINT CLEARLY

|  |   | PROJECT LOCA   | TION (Mu                    | st Be Comp                 | lete and Accurate)       |              |                      |               |
|--|---|--|-----------------------------|----------------------------|--------------------------|--------------|----------------------|---------------|
| Name of Project  |   |  |                             | Closest inte               | ersecting street or road |              |                      |               |
| Address (site location, n  | umber and street)                                     |  |                             | Suite or Flo               | oor                      | Directio     | n FROM intersection  | on TO project |
|  |   |  |                             | π North π South π East     |                          |              |                      | East π West   |
| City   | Co  | ounty  |                             | 1 3                        | vithin city limits?      | Is build     | ing State owned      | - N-          |
|  |   |  |                             | π Υ                        | es π No                  |              | π Yes                | π Νο          |
|  |   | OWNER'S C  | CERTIFICA                   | ATE (Must I                | Be Executed)             |              |                      |               |
| <ol> <li>The description</li> <li>The project wi</li> </ol>  | n of use and information<br>If be constructed in acco | on is being filed, I hereby cert<br>a contained on this application<br>ordance with the released docu-<br>ss will be filed with the Office | n are correct<br>uments and | applicable rul             |                          | on and Buil  | ding Safety Commi    | ssion:        |
| Authorized signature   |   |  |                             | Name of ov                 | wner or business         |              |                      |               |
| Name (typed or printed)  | ı   |  |                             | Address (n                 | umber, street, PO Box    | if applicab  | le)                  |               |
| Title  |   |  |                             | City, State,               | Zip Code                 |              |                      |               |
| Telephone Number:  | Fa  | x Number:  |                             | E-Mail:                    |                          |              | Facility use:        |               |
| I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the <b>Foundation Requested</b> building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Fire and Building Services.   |   |  |                             |                            |                          |              |                      |               |
|  |   | DEGIGNIN   | DOFFCCIA                    | ONAL CED                   | TIFICATE                 |              |                      |               |
| (I   | Must Be Executed for all                              | DESIGN P.<br>I new buildings or additions e  |                             | ONAL CER'<br>0,000 Gross C |                          | tion affecti | ng Structural Safety | ))            |
| As the design professional for the project for which this application and plans are being filed, I hereby certify:  1. I am qualified and competent to design such buildings, structures, and systems;  2. the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;  3. the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application:  4. the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations: and  5. I affirm under penalty of perjury that the representations contained herein are 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. |   |  |                             |                            |                          |              |                      |               |
| Responsibility is for the  | following systems:                                    | $\pi$ Site $\pi$ Foundati  | on                          | π Structural               | π Architectu             | ural         | π Mechanic           | cal           |
| $\pi$ Plumbing   | π Electrical  | π Fire Suppression   | π All Abo                   |                            | τ Other (specify)        |              |                      | <u> </u>      |
| Signature  |   |  |                             | Name of fi                 | rm (if applicable)       |              |                      |               |
| Name (typed or printed)  |   |  |                             | Address (n                 | umber, street, PO Box    | if applical  | ble)                 |               |
| Indiana Registration Nu  | mber:   | π Architec<br>π Enginee  |                             | City, State                | , Zip Code               |              |                      |               |
| Telephone Number:  |   | E-Mail:  | C1                          |                            | Fax                      | Number:      |                      |               |
| Designated Inspecting D  | Design Professional:                                  | <u> </u>   | ]                           | ndiana Regis               | tration Number:          |              | Telephone N          | Number:       |
|  |   |  |                             |                            |                          |              | •                    |               |
| STANDARD<br>FILING FEE   | PROCESSING  | PARTIAL  | FOUNI                       | DATION                     | INSPECTION               | LA           | TE FILING            | TOTAL         |
|  |   |  |                             |                            |                          |              |                      |               |

| D | D | a  | IF | C1       | חי | A 7    | $\Gamma \Lambda$ |
|---|---|----|----|----------|----|--------|------------------|
| г | п | ., |    | <b>.</b> |    | $\sim$ | _                |

(to be completed by submitter) Please answer all pertinent questions

|                    | FOR OFFICE USE ONLY |             |
|--------------------|---------------------|-------------|
| SBC project number |                     | Filing date |

#### DOCUMENTS REQUIRED FOR FILING

- 1. One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
- 2. One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Office of the State Building Commissioner shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
  - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
  - B. Foundation and basement plans and details.
  - C. Dimensioned floor plans for all floors.
  - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exists.
  - E. Wall elevations of all exterior walls including adjacent ground elevation.
  - F. Sections and details of walls, floors and roof, showing dimensions, materials.
  - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
  - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
  - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - J. Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
  - K. Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
  - L. Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
  - M. Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

| PROJECT DESCRIPTION   | ON (Must Be Complete)                       | FLOOR AREAS                                | ESTIMATED COSTS                        |  |
|---|---|--|--|--|
| Scope of work:  |   | Total existing (if applicable)             |  |  |
| $\pi$ New building $\pi$ Addition   | π Remodeling                                |  |  |  |
|   |   | Sq. ft.                                    |  |  |
| Is this construction the result of fire or  | Sewer:                                      | Addition (if applicable)                   | Addition (if applicable)               |  |
| Natural disaster?   | $\pi$ Existing $\pi$ Proposed               |  | •                                      |  |
| π Yes π No  | $\pi$ Public $\pi$ Private $\pi$ None       | Sq. ft.                                    | \$                                     |  |
| Fire suppression system in building   | Detailed suppression system plans/specs     | Remodeled (if applicable)                  | Remodeling (if applicable)             |  |
| π Full π Partial π None   | $\pi$ Provided $\pi$ To follow              | Sq. ft.                                    | \$                                     |  |
| If partial, specify where*  | Located in flood plain (check county        | Total building area square feet            | Total project cost                     |  |
|   | plan commission) $\pi$ Yes $\pi$ No         |  | \$                                     |  |
| Building construction type and occupancy cla  | assification Building height (stories)*     | Number of buildings this submittal         | Volume cubic feet                      |  |
|   |   | (Describe if necessary)*                   | (Fee category E only)                  |  |
| Indiana rehabilitation standard (Rule 8) used?  |   | Use of conversion rule (Rule 13) proposed? |  |  |
| π Yes π No  | π Yes π No                                  |  | π Yes π No                             |  |
| Does project include: (Check if yes)  |   |  |  |  |
| π Elevator or lift  | $\pi$ Combustible fibers storage            | $\pi$ Fireworks storage $\pi$              | Explosives storage                     |  |
|   |   |  |  |  |
|   |   |  |  |  |
| π High-piled storage  | $\pi$ Boiler or pressure vessel             | $\pi$ Hazardous or flammable materials     | storage                                |  |
| π High-piled storage<br>Describe proposed use of facility IN DETAII                     | 1   |  | storage                                |  |
|   | 1   |  | storage                                |  |
|   | 1   |  | storage                                |  |
| Describe proposed use of facility IN DETAIL   | including types of flammable or combustible |  | storage                                |  |
|   | including types of flammable or combustible |  | storage                                |  |
| Describe proposed use of facility IN DETAIL   | including types of flammable or combustible |  |  |  |
| Describe proposed use of facility IN DETAIL   | including types of flammable or combustible |  | Number of persons employed (max/shift) |  |
| Describe proposed use of facility IN DETAIL   | including types of flammable or combustible |  | Number of persons employed             |  |
| Describe proposed use of facility IN DETAIL  Describe IN DETAIL previous or current use | including types of flammable or combustible |  | Number of persons employed (max/shift) |  |

|   | GENERAL INFORMATION  |                                     |   |
|---|--|-------------------------------------|---|
| Has work at this location ever been filed? $\pi$ Yes $\pi$ No $\pi$ Unknown | Does project include use of a master plan design π Yes                 | release or a factory built $\pi$ No | t modular or mobile structure?              |
| What year and month?  | Previous SBC Project Number  | Name of Manufacturer                | Master Plan / Modular Number                |
| Has construction started? $\pi \text{ Yes} \qquad \pi \text{ No}$           | If yes, has notice of violation or investigation be $\pi$ Yes $\pi$ No | en issued?                          | If no, probable construction starting date? |

#### **APPLICATION FOR CONSTRUCTION PERMIT**

State Form 50098 (R6 / 4-20) INDIANA STATE DEPARTMENT OF HEALTH Environmental Public Health Division

**DATE RECEIVED** 

(month, day, year)

#### **RECEIPT NUMBER**

- INSTRUCTIONS: 1. Send check or money order along with plans to: Indiana State Department of Health Attention: Environmental Public Health 100 North Senate Avenue, Room N855 Indianapolis, IN 46204
  - 2. Direct questions to (317) 233-7177.

#### **PROJECT NUMBER**

| <b>FAX COPIES</b> | OF           | ΔΡΡΙ Ι | LATIONS | WILL   | NOT RE | <b>ACCEPTED</b> |
|-------------------|--------------|--------|---------|--------|--------|-----------------|
| FAX CUFILS        | $\mathbf{U}$ | AFFLI  | AHUNS   | VVILLI | NOI DE | ACCLF ILD       |

| 1. OWNER  | 5. The Following Documents are Attached: (CHECK WHERE APPLICABLE.)  |
|---|---|
| Name<br>Address   | A. Location Map  B. Plans and Specifications certified by   |
| Telephone Number E-mail  2. OWNER'S DESIGNATED AGENT Name Title Address  Telephone Number E-mail  3. FACILITY (TYPE OF PROJECT) | Architect or Engineer  C. Documents Required by 410 IAC 6-10 (1) Reportof Soil Survey Conducted by a Soil Scientist - Applicable if soil Report Not Already Submitted (2) Wastewater Characteristics and Flow Calculations  D. Fees Required by 410 IAC 6-12-17 (See other side.) |
| Name Address  City County  4. ENGINEER/ARCHITECT  | 6. SIGNATURE  Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate. |
| Name Address  | Printed Name of Person Signing  Title  Signature of Owner or Designated Agent   |
| Telephone Number License Number E-mail  | Application (month, day, year)  |

#### INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

1. Owner

Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of anywater pollution control facility.

2. Authorized Agent

Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.

3. Name of Facility or Project

State its name, location, and nearest possible address.

4. Name of Engineer / Architect

Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.

 Check the squares indicating name of documents attached to Application.
 All documents are required except where inapplicable.

- A USGS topographic map or a county highwaymap with the exact site indicated.
- B. Plans and specifications shall be prepared, certified and sealed by an individual qualified underapplicable laws of the State of Indiana.
- C. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
- D. Fees required by 410 IAC 6-12-17

Commercial on-site \$200

Community Wastewater Disposal Facility \$700

Mobile Home Community or
Mobile Home Community Addition \$300

#### 6. Signature

An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.

| Permit No.: Date Approved:  |                                  | Date Approved:       | ,20              |
|---|----------------------------------|----------------------|------------------|
| Highway Acc   | ess Perm                         | nitApplication       |                  |
| Type of Permit:   |                                  |                      |                  |
| CommercialSubd  | livision _                       | Private Drive        | Other            |
| Today's Date:, 20   | _                                |                      |                  |
| Driveway Location: (Nearest intersect   | ion or land                      | mark and distance    | ∍)               |
| Physical Address - if known:  |                                  |                      |                  |
|   |                                  |                      |                  |
|   |                                  |                      |                  |
|   |                                  |                      |                  |
| Existing Use of Parcel: (agricultural, re   | esidential, <sup>,</sup>         | vacant, etc)         |                  |
| Proposed Use of Parcel: (gas station,   | subdivisio                       | n, residential, etc. | )                |
| NOTE:   |                                  |                      |                  |
| Sketches or plans must be attache 00-06, the Highway Access and Frequirements for a private drive are diffes subdivisions.) | Road Cut                         | Ordinance. (Plea     | se note that the |
| ATTACHED:_Yes_No  |                                  |                      |                  |
| Application Fee: \$   |                                  |                      |                  |
| Private Drive<br>Commercial, Industrial Drives<br>Subdivision Entrance  | \$ 10.00<br>\$ 25.00<br>\$ 50.00 |                      |                  |

If this application is granted, the applicant hereby agrees to place the portion of the highway or the part adjacent thereto in as good condition as it is now, and to backfill any trench or opening by thoroughly tamping the backfilling in layers not exceeding four inches deep. And to maintain the surface that has been disturbed in a smooth and uniform condition for a period of six months after the work is completed, unless ground conditions require a longer period ofmaintenance.

The applicant further agrees to indemnify the County of Cass against any claims for injury or damage to the persons or property. The applicant also agrees to notify the Cass County Highway Department at least 72 hours prior to the time beginning the work done under this permit.

Please return application to:

Cass County Highway Department 1251 N. St. Rd. 17 N. Logansport, IN 46947

| Permit Applicant (Please print)  | Permit Applicant Signature  |
|--|---|
| Name of Company or Organization (if ot   | her than applicant)   |
| Post Office Address  | Telephone   |
| City, State, Zip   |   |
| For Official Use Only  |   |
| PERMISSION GRANTED:Yes   | No  |
| Driveway Culvert Required:Yes  | No  |
| Cass County Highway Crew Supervisor of   | or;   |
| Cass County Highway Superintendent   |   |
| The following must be completed.   |   |
| If required, I,<br>larger under the requested driveway of<br>completion to the property. | _, agree to install a inch culvert or within 30 calendar days of construction |
| Permit Applicant Signature   |   |



### STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

| Type of Permit:  D Private Driveway             | 0               | Minor Cor      | nmercial Drivewa               | y 0         | Sub-mindr (    | ommer     | cial Driveway(   | ) Major Con   | nmercial Driveway |   |
|---|-----------------|----------------|--------------------------------|-------------|----------------|-----------|------------------|---------------|-------------------|---|
| Class   | J               | Class          |                                | y O         | Class          | T         | ciai briveway (  | Class         | inercial Driveway |   |
| District  |                 |                | Subdistrict                    |             |                |           | Subdistrict tele | phone number  |                   |   |
| Driveway location:                              |                 |                |                                |             |                |           | (                | )             |                   | +   ;   |
| Driveway location.                              |                 |                |                                |             |                |           |                  |               |                   | 'i  |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           | Reference pt. r  | number        |                   | <del> </del>  |
| Discolds sociation                              | of Dorocki      | ttbd           | (                              |             |                |           |                  |               |                   | +   |
| D Legal description                             | orParceri       | sattached      | (All ariveway appli            | cations)    |                |           |                  |               |                   |   |
| D 20 year Certified Ti                          | itle Searcl     | or Title In    | surance is attache             | ed (Alf co  | mmercial drive | vay app   | olications)      |               |                   |   |
| Present use of Parcel(s):                       |                 |                |                                |             |                |           |                  |               |                   | <u> </u>  |
|   |                 |                |                                |             |                |           |                  |               |                   | +   |
|   |                 |                |                                |             |                |           |                  |               |                   | a c c 3   |
| Proposed use of Parce!(s) Ind                   | cluding adjad   | ent Parcels ov | vned and <i>I</i> or controlle | d by applic | ant:           |           |                  |               |                   | ,   |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           |                  |               |                   | + +   |
|   |                 |                |                                |             |                |           |                  |               |                   | $\perp$ $\vdash$ |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   | ı               |                |                                |             |                |           |                  |               |                   | T c c c c c   |
| Bond required:                                  | ∦ Yes           | Penal Sum      |                                |             |                |           | Bond number      |               |                   |   |
| D Yes 0 No                                      |                 |                | \$                             |             |                |           |                  |               |                   | <u> </u>  |
| APPLICATION FEE:                                | (Make che       | ck or bank     | draft payable to "In           | idiana De   | epartment of T | anspon    | tation') 1\$     |               |                   | n   |
| SPECIAL PROVISIONS:                             |                 |                |                                |             |                |           |                  |               |                   | 0<br>a<br>0   |
|   |                 |                |                                |             |                |           |                  |               |                   | f   |
| THE APPLICANT AGREE                             |                 |                |                                |             |                |           |                  |               |                   |   |
| PERSON OR PROPERTY                              | OF ANYO         | NE ON OR O     | FF THE RIGHT-OF-               | WAY ARIS    | SING OUT OF, C | R RESU    | JLTING FROM TH   | E ISSUANCE OF | THIS PERMIT OR    |   |
| THE WORK CONNECTED REMOVAL OF ANY EQUI          | PMENT OF        | MATERIAL,      | WHETHER DUE IN                 | WHOLE C     | OR IN PART TO  | THE NE    | GLIGENT ACTS O   | R OMISSIONS ( | 1) OF THE STATE,  | +   |
| ITS OFFICIALS, AGENTS PERFORMANCE OF THE        | WORK, OF        | R (3) THE JO   | INT NEGLIGENCE (               | OF ANY O    | F THEM; INCLU  | DING AN   | NY CLAIMS ARISII | NG OUT OF THE | WORKMEN'S         | if  |
| COMPENSATION ACT OF AND ATTORNEY'S FEES         | INCURRED        | BY OR IMPO     | OSED ON THE STAT               |             |                |           |                  |               |                   | if  |
| UNDER THE PROVISION Signature of permit applica |                 | PARAGRAPI      | 1.                             |             | Printed name   | e of pern | mitapplicant     |               |                   | _   |
|   |                 |                |                                | '           |                | _1_       |                  |               |                   |   |
| Name of company or organiza                     | ation           |                |                                |             |                | 1         | Telephone numbe  | r<br>)        |                   | <del> </del>  |
| Address (number and stree                       | et, city, slate | e, ZIP code)   |                                |             |                |           |                  | ,             |                   | 1   |
| Inspector                                       |                 |                |                                |             |                |           |                  |               |                   | m<br>3  |
|   |                 |                |                                |             |                |           |                  |               |                   | a C   |
| District Regulatory Supervis                    | sor             |                |                                |             |                |           |                  |               |                   | ]   m   |
| Distr;ct Diiector                               |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           |                  |               |                   | ]   |



# INDIANA DEPARTMENT OF TRANSPORTATION LaPorte District Permit Section Permit Bond Information



In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).

| Name of Insurance Company:   |
|--|
| ContactPerson:   |
| Office Address:  |
| City: State:Zipcode:   |
| Telephone Number:  |
| Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above. |
| FOR OFFICE USE ONLY  |
| Permit Number:   |
| Bond Number:   |

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at (219) 362-6125



| D Driveway 0 Exca  | avation              | D Pole Line        | D Bridge At     | tachment       | D Misc.                                |                                   |
|--|----------------------|--------------------|-----------------|----------------|--|-----------------------------------|
|  |                      |                    |                 |                |  |                                   |
| Know all men by these p (address)  | resents that we, the | e Undersigned _    |                 |                |  | as Principal and                  |
| (ddd/000)  |                      |                    |                 |                |  |                                   |
| (address)  | arradicate tha Ctate | a af Indiana in th | a nanal auma af |                |  | as Surety, are                    |
| hereby held and firmly be<br>payment of which well ar<br>successors and assigns: |                      |                    | •               |                | ves, our heirs, exec                   | , for the cutors, administrators, |
| DATED THIS   |                      |                    |                 |                |  |                                   |
| The conditions of the ab   | ove obligation are   | such that, whe     | reas, the above | named          |  |                                   |
| did on   |                      |                    | make a          | ipplication fo | r a permit with the                    | State of Indiana for:             |
| which permit is made a p   | part of this bond th | e same as thou     | gh set forth he | rein.          |  |                                   |
| Now, if said   |                      |                    |                 | (Principal -   | - <i>Applicant)</i> shall w            | vell and faithfully do            |
| and perform the things ag  |                      |                    |                 |                |  | Principal - Applicant)            |
| to be done and performed   | _                    | -                  |                 |                |  | ·                                 |
| and shall pay all lawful c   |                      |                    |                 | -              |  |                                   |
| services rendered in the ca  |                      | _                  |                 |                | •                                      |                                   |
| then this obligation shall   |                      |                    |                 |                |  | -                                 |
| agreed that the liability o<br>penal sum of this obligation                      | -                    |                    |                 |                |  | 1 1                               |
| fees spent in the collection   |                      |                    | -               | -              | be liable for the cou                  | in costs and attorney             |
| ices sperit in the concent   | or this borid over   | and above the      | perarsamorum    | 3 obligation.  |  |                                   |
| IN WITNESS WHERE   | OF, we hereunto se   | et our hands and   | seals this      |                |  | day of                            |
|  | ,20                  |                    |                 |                |  |                                   |
|  |                      |                    |                 |                |  |                                   |
|  |                      | _                  |                 |                |  |                                   |
|  | Surety               |                    |                 |                | Principal                              |                                   |
| (Attach P  | Power of Attorney)   |                    |                 |                | i illioipai                            |                                   |
| State of   |                      |                    | County o        | ıf             |  | ss:                               |
| Personally appeared b  | oefore me            | '                  | Oddinty o       | '              |  | 55.                               |
| i ersonally appeared t   | olole ille,          | as Princip         | al and          |                |  |                                   |
|  |                      | _ `                |                 | ach acknowl    | edged the execution                    | n of the above bond               |
|  |                      |                    | ·               | acii ackiiowi  | eaged the execution                    | Tot the above bolid               |
| this   | day of               |                    | ,20             |                |  |                                   |
| Witness my hand and  |                      |                    | seal the sa     | id last named  | d date.                                |                                   |
| My Commission Expires  |                      | ,,2                | 20 _            |                |  |                                   |
|  |                      |                    |                 | No             | otary Pubic (Written Si                | gnature)                          |
| I reside in  |                      | _ County, _        | (State)         | Nota           | ry Pubic <i>(Printed</i> or <i>Typ</i> | ed Name)                          |
| Bond number  |                      | NOTIO              |                 | \TION OF !!    | ADILITY                                |                                   |
|  | 0                    | _                  | E OF TERMINA    | LION OF LI     | ARILLI Y                               | 20                                |
|  | 0 COMPLIED           | 0 CANCEL           | ED              |                | DATE                                   | ,20 _                             |
| Submit all 5 copies  | By:                  |                    |                 |                |  |                                   |
|  |                      |                    | PERMIT          | MANAGER        |  |                                   |

### SECTION 31: DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail:

- Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
- 2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
- **·3,** Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
- **4.** Existing drainage patterns (including existing contours) and structures, including size and kind.
- 5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
- 6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
- 7. Width dimensions of highway right-of-way. •
- 8. Width and type of highway pavement.
- 9. Highway right-of-way and property lines.
- **10.** Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
- 11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
- 12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
- 13. Proposed treatment of right-of-way area adjacent to and between approaches.
- **14.** Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
- **15.** A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
- 16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)

#### Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities

#### **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (I) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

#### Step by Step Process for Compliance with 327 IAC 15-5

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

#### Step 1:

Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique i;tnd therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "IndianaStom1 Water Quality Manual" is available o-line at <a href="http://www.in.gov/idem/4899.htm">http://www.in.gov/idem/4899.htm</a>.

#### Step 2;

Submit the Construction Plan to the plan reviewing authority. In most situat ions, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a

Page | of 3

Revised 07/21/08

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notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice oflinent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one on these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <a href="http://www.in.gov/idem/5429.htm">http://www.in.gov/idem/5429.htm</a>.

#### Step 3:

Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.

#### Step 4:

Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation ofland disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.

A separate Notice ofIntent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice ofIntentletter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

#### Step 5:

Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice oflntent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Page** 2 **of** 3

Revise,/07/2//08 IDEM,OWO

#### Step 6:

#### Implement the approved Construction Plan throughout the life of the project.

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storin water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

#### **Step** 7:

#### Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

#### **Agency Information**

• Storm Water Program Website:

http://www.IN.gov/idem/4896.htm



required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

| TypeofSu   | bmittal(CheckApp | ropriateBox): |  |
|------------|------------------|---------------|--|
|            | OAmendment       |               |  |
| Permit Nur | nber:            |               |  |
|            |                  |               |  |

(Note: The initial submittal does not require a permit number; the Department wi/1

assign a number. A permit number is required when filing an amendment,

Anolying for renewal, or correspondence related to this oermit).

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construe/ion Activity. Permitted project site owners are

|  | Project N   | lame and Location                         |  |
|--|---|---|--|
| Project Name:  |   |   | County:  |
| Brief Description of Project Location                                  | d.  |   | -L   |
|  |   |   |  |
| ProjectLocation: Describe location Township, and Range, Civil Township |   | nutes, and Seconds or Decimal represen    | ntation) <u>and</u> by legal description (Section, |
| Latitude;  |   | Longitude:                                |  |
| Quarter: Section   |   | Range:                                    | CivilTownship:                                     |
| Does ☐ all or ☐ part of this project☐ Yes ☐ No If yes, name the M      | lie within the jurisdictionalboundaries of IS4(s):                      | f a Municipal Separate Storm Sewer Sy     | stem (MS4) as defined in 327 IAC 15-13?            |
|  | Project Site Owner an   | nd Project Contact Information            |  |
| Company Name (If Applicable):  | r Toject Oite Owner an  | u Project Contact <del>mornation</del>    |  |
| Project Site Owner's Name: (An Indi                                    | ividual)  |   | Tille/Position:                                    |
| Address:   |   |   |  |
| City:  |   | State:                                    | ZIP Code:  |
| Phone:   | FAX:  | E-Mail Address: (If Available)            |  |
| Ownership Status (check one):  |   |   |  |
| Governmental Agency: 0 Federal   | O State D Local Non-Governm   | nental: D Public D Private D Other: (     | (Explain)  |
| Contact Person:  |   | Company Name: (If Applicable)             |  |
| Affiliation to Project Site Owner:                                     |   |   |  |
| Address: (if different from above)                                     |   |   |  |
| City:  |   | Stale:                                    | ZIP Code:  |
| Phone:   | FAX:  | E-Mail Address: (If Available)            |  |
|  | Projec  | t Information                             |  |
| Project Description:   |   | D D O'll (I / . / . )                     |  |
| Name of Receiving Water:   | sidential-Multi-Family $\operatorname{O}$ Commercial $\operatorname{I}$ | D Industrial D Other: (I=xpiain)          |  |
| Name of Reserving Fraces.  |   |   |  |
| nearest possible receiving water rece                                  |   | nate receiving water. If a retention pond | d is present on the property, the name of the      |
| Project Acreage  |   |   |  |
| Total Acreage:   | Proposed Land Disturbance: (in acre                                     |   |  |
|  | quare feet , estimated for completed proje                              | <i>⊋ct)</i>                               |  |
| Project Duration   |   |   |  |
| Estimated Start Date:  | Estimated End   | Dale for all Land Disturbing Activity:    |  |

(Con tinued on Reverse Side)

Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construct and Constr
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of lhe Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication <u>Must</u> include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged Following is a sample Proof of Publication:

XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of ovrintent to comply with the requirements of 327/AC 15-5 to discharge stonn water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Rvnofffrom the project site will discharge to the White River. Qvestions or comments regarding this project should be directed to Walter Water of XERT Development Inc."

D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOi submittals (initial and renewaQ. A fee is not required for amendments.

#### Projec Site Owner Responsibility Statemen

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisionsof 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

| Printed Name of Project Owner: _ |       |
|----------------------------------|-------|
|                                  |       |
| Signature of Project Owner:      | Date: |

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327!AC 15-4-3(9). All NOi submittals must include an original signature (FAX and photo copies are not acceptable).

Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.

Nole; A permit issued under 327 /AC 15-5 is granted by the commissioner for a period of five (5) years from the dale coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for constructionactivity continvation, a new Notice of Intent Jetter {Renewal} is reqvired to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOi Letter, Proof of PublicaUonFee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original sybmittal).

Mail this form to: Indiana Department of Environmental Management Cashiers Office • Mall Code 50-10C

100 North Senate Avenue I ndianapolis ., IN 46204-2251

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intentletter besubmitted to the local Soil and Waler Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questionsregarding the development or implementation of the Construction Plan/Storm Water Pollutfon Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.

For information and forms visit:http://www.v.in.gov/idem/permitsl water/wastewater/wetwthr/storm/rule 5.html



For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Deparbnent of Environmental Management

Storm Water, Permits Coordinator 100 North Senate Avenue

MC 65-42, Room 1255

Indianapolis, Indiana 46204-2251 Telephone (317) 233-1864 or

(800) 451-6027(wilhin Indiana), ext. 31864

Web Access: http://www.IN.gov/idem/4902.htm

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the te1111s and conditions of the General Permit Rule 327 /AC 15-5(Rule 5, S/01111 Weter Discharges Associated with Construction Activity) for termination of pe1111it coverage under the National Pollutant Discharge Elimination System(NPDES).

#### PROJECT NAME AND LOCATION

|  | •                                |                                     |   |  |  |  |
|--|----------------------------------|-------------------------------------|---|--|--|--|
| Permit number  |                                  |                                     |   |  |  |  |
| (Note: Permit numbers were assigned to p<br>began or were renewed on or after Novem  |                                  | of 2003 . Therefore, a permit numbe | ris only applicable for those projects that |  |  |  |
| Project name   |                                  |                                     | County                                      |  |  |  |
| (Note: Provide the project name as it app  | ears on the active "Notice of In | tent')                              |   |  |  |  |
| Company name   |                                  |                                     |   |  |  |  |
| Project site owner's name (an individu   | ial)                             |                                     |   |  |  |  |
| Address (number and street)  |                                  |                                     |   |  |  |  |
| City   |                                  | State                               | ZIP code                                    |  |  |  |
| Telephone FAX  | X .                              | E-mail address (if available)       |   |  |  |  |
| THIS "NOTICE   | OF TERMINATION" IS E             | EING SUBMITTED FOR T                | HE FOLLOWING                                |  |  |  |
| To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include: |                                  |                                     |   |  |  |  |

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of cons1ruction activities (327 !AC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

#### D Option # 1 Certification for change of ownership

This option does not apply to the sale of individual Jots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

#### By signing this "Notice of Termination" | Certify the following:

A. The project was sold; I amnolonger the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (Ifapplicable)

Project site owner's name (An individua

Address (number and street)

City State Z IP code

Telephone number FAX E-mail Address (If available)

B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent:

#### D Option# 2 Certification for termination of construction activities

#### By signing this "Notice of Termination'. I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at !he project site.

 $\overline{D}$  Option # 3 "Notice of Tennination" to obtain early release from compliance with 327 IAC 15-5

By signing this "Notice of Termination." I certify the following:

- A. Toe remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat lo the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

#### Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

#### PROJECT SITE OWNER RESPONSIBILITY STATEMENT

#### SUBMITTAL OF THE "NOTICE OF TERMINATION"

Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Waler ConseNation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwaterpollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at

Indiana Department of Environmental Management Storm Water Permits Coordinator 100 North Senate Avenue Mail Code 65-42,Room 1255 Indianapolis, IN 46204-2251

#### Additional considerations

It is not required by 327 /AC 15-5 lhat the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.

If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination wilf be reviewed for concurrence and either re/urned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.

|      |                                | FOR AG   | ENCY USE ONLY (F           | IELD VERIFICATION OF 1  | TERMINATION)            |                           |
|------|--------------------------------|--|----------------------------|---|-------------------------|---------------------------|
| rem. | aining stoimwa<br>owner.has me | ater quality measures a et the requirements of 3 | and cornplianc with te Not | nental·Managementmayinspecfl<br>tice of Terminalion (NOT) require<br>nayelect to sign off on the project.<br>ment | ments; Jf lhe.insp ng e | nUtyfinds thalUieproject  |
| 0    | Accepted                       |  |                            | ndit has been determined that the<br>st-be subm,itted to the IDEM for fin   |                         | project is compliant with |
| D    | Denied                         | With the requirements                            | _ : ;                      | nd it has been determined that the e to implement the Storm Water i.  |                         | . ,                       |
| Sigr | nature                         |  | Printed name               | Agency  |                         | Date (nionih, day, year,  |

#### **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

#### Option 1

#### **Change** in **Ownership**:

D A project is sold to another party and meets the following conditions.

• A request to tenninate does not apply to the sale of individual lots within the pennitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

#### Option2

Certification for Termination of Construction Activity (All conditions below must be met to qualify for termination):

- All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (Field Assessment).

  Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.
- D No future land disturbing activities are planned for the site (Field Assessment). Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.
- All temporary erosion and sediment control measures have been removed (Field Assessment).

#### Option 3

#### Early Release (All conditions below must be met to qualify for termination):

- D Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (Field Assessment).
- D Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (Field Assessment).
- D All permanent storm water quality measures have been implemented and are operational (Field Assessment).

IDEM. OWQ January, 2007

### CASS COUNTY HEALTH DEPARTMENT

512 High Street Logansport, IN 46947 Office – (574)753-7760 Cherie A. Bennett, MD Health Officer Fax – (574)753-7039



### **Homeowner's OSS Check List**

The following steps must be completed in order to obtain a **On-site Sewage System (OSS) Permit** from the Cass County Health Dept.

- 1. Obtain an **Application Packet** from the Health Dept.
- Contract a Soil Scientist to prepare a soil report (soil profile analysis).
   A list of soil scientist is included with the application packet. It is best to meet the soil scientist at the site and, if known, have the Certified Installer at the site as well. Soil borings must be done in the area of the absorption field.
- 3. You should receive two (2) copies of the soil report. Keep one for your records and turn in the other copy, along with your **completed application** and **permit fee (\$100)**, to the Health Dept.
- 4. The Health Dept. will evaluate the soil report and issue **Minimum System Specification.** The minimum specifications will be mailed to the property owner.
- 5. The homeowner will need to select a **Certified Installer** off the list provided with the application packet. The homeowner should provide the minimum system specifications to Certified Installers to obtain bids.
- 6. The **Certified Installer** is responsible for designing the system and submitting the appropriate plan review paperwork (*Site plan, system design, plat plan, elevations, etc.*).
- 7. **After** all of the above paperwork is submitted, the Health Dept. will review and approve all the submitted materials. Please keep in mind that sometimes **revisions** are required and do lengthen the process. *Applications are reviewed on a first-in, first-out basis. No exceptions.*
- 8. After the submitted paperwork is reviewed, the Health Dept. will **issue** or **deny** the permit.

  Generally permits are mailed to the property owner. If you would like to pick up the permit, please let us know. Try to refrain from calling to check the status of a permit, as this only slows the review process.
- 9. Now that a permit has been issued, your Certified Installer may begin the OSS installation (weather permitting). Please keep in mind that septic systems **cannot** be installed when soil are "too wet." After installation, your Installer must allow **two (2) working days** for an on-site inspection by the Health Dept.
- **10.** After the **final inspection** and approval, the homeowner is responsible for assuring that the installation is completed according to code including the final cover of **at least 12 inches**.

### **Registered Soil Science Consultants**

**ANY** Indiana registered soil scientist may perform your on-site soil survey. The following list shows the Soil Science consultants that have expressed interest in working in Cass County. This is not an endorsement of any listed consultant. A complete list of the Indiana Registered Soil Scientists throughout the state is available at <a href="http://www.isco.purdue.edu/irss">http://www.isco.purdue.edu/irss</a>

| 1.) GSH, Inc. – Soil Consulting Gary Hudson P.O. Box 42 Peru, In 46970                      | 1-888-382-2102 |
|---|----------------|
| 2.) PedoTech Soil Shane McBurnett 1123 N. 400 W. Rochester, IN 46975                        | 1-574-930-0518 |
| 3.) Lewis Flohr 629 East State Road 26 Frankfort, IN 46041-7702                             | 1-800-368-3235 |
| 4.) Adams Environmental Corp.  Tom Adams P.O. Box 3206  Anderson, IN 46018                  | 1-765-354-9171 |
| 5.) Environmental On-Sites, Inc. Stan Livingston 6220 West CR 75 North West Lafayette, IN   | 1-800-251-2104 |
| 6.) Ziegler Soil Consulting, Inc. Tom Ziegler 3665 Stonegate Court Lafayette, IN 47905-7212 | 1-800-621-4400 |
| 7.) Bender Soil Consulting Justin Bender 17981 14B Road Culver, IN 46511                    | 1-260-307-6367 |

### **Certified Installers** in Cass County

This is a list of the certified OSS (on-site sewage system) professionals approved by the Cass County Health Department for 2011. This list is provided as a convenience in selecting an installer. Only installers on this list may legally construct, install, replace, alter, or repair any part of an onsite sewage system in accordance with Indiana State Department of Health Rule 410 IAC 6-8.2 and applicable Cass County Ordinance.

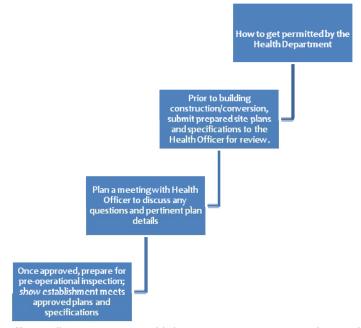
| Installer Name: | Company Name:           | City:       | Phone<br>Number: | Cert<br>No: | IOWPA<br>Cert.* |
|-----------------|-------------------------|-------------|------------------|-------------|-----------------|
| Brady Saylor    | AAA Septic Services     | Logansport  | 574-725-3158     | 1101        |                 |
| Brad Sparks     | B&S Excavating          | Walton      | 574-626-2555     | 1102        | ٧               |
| Galen Miller    | Miller & Son, Inc.      | Amboy       | 765-395-7480     | 1103        | ٧               |
| Joseph Pear     | Pear Septics & Mounds   | Logansport  | 574-753-8009     | 1104        | ٧               |
| Ron Blackman    | Blackman Excavating     | Logansport  | 574-722-1470     | 1105        |                 |
| Mike Stratton   | Bol-Lan Construction    | Logansport  | 574-722-6330     | 1106        |                 |
| Richard Blazer  | Blazer Farms            | Kokomo      | 765-453-5615     | 1107        |                 |
| Greg Lake       | Enviro Systems          | Walton      | 765-860-6034     | 1108        |                 |
| James Boyd      | DIYR Construction       | Galveston   | 574-699-7421     | 1109        |                 |
| John Brown      | Leo Brown Construction  | Logansport  | 574-722-2511     | 1110        |                 |
| Curt Clifton    | Clifton Contracting     | Twelve Mile | 574-664-2016     | 1111        |                 |
| Dennis Sparks   | Sparks & Son Excavating | Monticello  | 574-583-6244     | 1112        | ٧               |
| Darrel Deeds    | Darrel Deeds Excavating | Macy        | 765-985-2787     | 1119        | ٧               |
| Brian Sparks    | Sparks Excavating       | Peru        | 574-721-3014     | 1117        | ٧               |
| Junior Merritt  | Merritt's TK & Auto     | Kokomo      | 765-432-0411     | 1115        |                 |
| Rick DeGraaff   | Five Star Landscaping   | Kokomo      | 765-452-1111     | 1118        |                 |
| Ty Lewis        | Lewis Backhoe Inc.      | Rochester   | 574-223-6602     | 1114        |                 |

<sup>\*</sup> IOWPA – Indiana On-Site Wastewater Professionals Assoc.

<u>Food Permitting</u>: The Cass County Health Department requires any non-tax exempt establishment to be permitted by their office prior to serving the public. The permit fees range from \$50-\$100 and must be renewed on a yearly basis.



- A Retail Food Establishment stores, prepares, serves, vends, and provides food for human consumption. Examples include a restaurant, catered feeding location, market, grocery store, food bank.
- Bed and Breakfast is a site that is owner occupied and provides sleeping accommodations to the public.
- A Temporary Food Establishment is a retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event.



Once permitted the Health Officer will inspect your establishment once every six months. Further information may be obtained from the Chief Food Specialist.

Chief Foods Specialist – Cass County Health Department 512 High Street – Logansport (574) 753-7760 Please complete the following, as is applicable to the retail food establishment.

| Owner/Corporation information:   | Engineer/Architect information:  |
|--|--|
| Name:  | Name:  |
| Contact Person:  | Contact Person:  |
| Telephone Number:  | Telephone Number:  |
| Mailing Address:   | Mailing Address:   |
|  |  |
|  |  |
| Establishment Information:   |  |
| (Check one)New ConstructionExis  | ting/Remodel Project #:  |
| Establishment Name:  |  |
| Contact Person:  | Title:   |
| Establishment Telephone #:   | Contact Person Telephone #:  |
| Establishment Mailing Address:   |  |
| Establishment Street Address:  |  |
| Projected Date for Start of Project:   |  |
| Projected Date for Completion of Project:  |  |
| Hours of Operation:  | Days of Operation:   |
| Contents and Specifications for Facility and Operating Plans as                                      | -  |
|  | required in Section 110 of 410 IAC 7-24.   |
| (Please check items submitted for review)  |  |
| Proposed menu (including seasonal, off-site  | and banquet menus).  |
| Anticipated volume of food to be stored, pro   | epared, and sold or served.  |
| Proposed layout, mechanical schematics, co   | nstruction materials, and finish schedules.  |
| Proposed equipment types, manufacturers, performance capacities, and installation spe                |  |
|  | ure compliance with ISDH Rule 410 IAC 7-24   |
| are developed or are being developed Plan review questionnaire completed and su                      | shmitted to the regulatory authority   |
| Note:  | isometed to the regulatory authority.  |
| Other information that may be required by the reg construction, conversion or modification, and proc | gulatory authority for the proper review of the proposed edures for operating a retail food establishment. |
| Additional Information:  |  |
| Comments:  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Signature of Applicant   |
|  | Relationship to Project  |
|  | Date Signed  |

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.

Cass County Health Department Food Permits 512 High St. Logansport, IN 46947-1580



## Application For A *Permit* To Operate A Retail Food Establishment

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-22, 7-24, and Cass County Retail Food Establishment Ordinance 2004-01 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Cass County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit.

#### THIS PERMIT IS NOT TRANSFERABLE!

Any change of owner or operator requires a new permit. All permits expire December 31st of each year.

You must fill out this form completely and accurately. Return the <u>signed original form</u> and the <u>proper fee of \$100.00 for all establishments except \$50.00 for convenience stores selling *only* pre-packagedfoods to the Cass County Health Department. Submitting this application does not guarantee a permit will be issued. Late Fee: \$50.00. Any changes in the information provided must be reported to the health department.</u>

| Name of Establishment:   |
|--|
| The name commonly used or known, or the "doing business as" name.  |
| Location of Establishment:   |
| The physical location of the establishment. This may not be the same as the mailing address.                                 |
| Establishment Mailing Address:   |
| State: Zip:  |
| Thlegal mailing address of the business by which the local operator or manager may be reached.                               |
| E-Mail Address:  |
| 1ft he operator or manager has an e-mail address, show it here.  |
| Business Operator's Name:  |
| The rson or corporation which owns the business. In a small business this may be the same as manager.                        |
| On-Site Manager's Name:  |
| The person responsible for the daily operation and is available at the business.   |
| Building Owner's Name:   |
| procempany which owns the physical structure which houses the business.  |
| Certified Food Handler:  |
| The name of the person who has passed an Indiana approved certification exam.  |
| Type of Certification :  |
| Options include: ServSafe (NRAEF), Certified Professional Foo d Manager (Experior), or Certified Food Safety Manager (NRFSP) |
| Business Telephone:  |
| Namber which rings at the local business.  |
| EmergencyTelephone:  |

Number which will reach some one in authority in case of an emergency when business is closed. (Continue on next page)

| Menu (if new or changed b                                | ousiness):               |                        |   |  |  |
|--|--------------------------|------------------------|---|--|--|
| Indicate specific major menu                             | items if food is prepa   | red and served, or mo  | enu <i>changes</i> in the past year.      |  |  |
| Establishment's Daily Ope                                | •                        |                        |   |  |  |
| Show the actual opening an                               | nd closing times for the | e business. Be exact   | t!  |  |  |
| Sun:   | Mon:                     | Tue:                   | Wed:                                      |  |  |
| ัน <b>เ</b>  | Fri:                     | Sat:                   |   |  |  |
| Public Water Supply: _Y  If the business is served by a  |                          | _                      |   |  |  |
| "Smoke Free" Establishme                                 | ent Yes_No               |                        |   |  |  |
| Has this business set a no sm<br>County Board of Health? | oking policy to protec   | t the health of custom | ners and employees as advised by the Cass |  |  |
| Is There Off-Site Caterin                                | g From This L            | ocation? _Ye           | es _No                                    |  |  |
| (IfYes, Is Proper Equ                                    | ipment Availab           | le For Safe Foo        | od Handling, Transport, And               |  |  |
| Handwashing Wher   | Required? _Y             | 'es _No)               |   |  |  |
| Signature:   |                          | Title                  |   |  |  |
| The person who fills out the a                           |                          |                        |   |  |  |
| Print Name:  |                          | _                      |   |  |  |
| Fillit Name.   |                          | Date                   | _   |  |  |
| Do not w   | rite below this          | line. For Officia      | al Use Only                               |  |  |
| 50 1101 11   |                          |                        | n ooc omy.                                |  |  |
| e Food Handling Est                                      | ablishment               | e Non Foo              | d Handling Establishment                  |  |  |
| Мепи Тур   | e: I <b>2</b>            | 3 4 5                  | 5   |  |  |
|  |                          |                        |   |  |  |
| Est. ID#   |                          | Receipt Number         |   |  |  |
|  |                          | Receipt Number:        |   |  |  |
| Payment Received: \$                                     |                          | File Date:             |   |  |  |
| Date Issued:   |                          | Date Expires:          |   |  |  |

Cass County Health Department Food Permits 512 High St. Logansport, IN 46947-1580



## Application For Permit To Operate A Temporary Retail Food Establishment

Application is hereby made for a permit to operate a TEMPORARY food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-20, and Cass County Retail Food Establishment Ordinance 2004-01. It is further agreed that the establishment sha ll be open to inspection daily by agents of the Cass County Health Department. *THIS PERMIT IS NOT TRANSFERABLE!* It is issued only to the person named on the permit. You must fill out this form completely and accurately. The <u>SIGNED ORIGINAL FORM</u> and the <u>REOUIRED FEE</u> of \$20.00 per each day of the intended operation (up to a maximum of \$100.00 per event) must be returned to the Cass County Health Department NOT LESS THAN FIFTEEN (15) DAYS PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.

| Non-profit organizations are exempt from | the permit fee and inspection requirements with proof of non-profit state  | us.    |
|--|--|--------|
| Vendor's Business Name:                  |  |        |
| The name commonly used or kn             | nown, or the "doing business as" name. If individual, use individual name. |        |
| Complete Mailing Address:                |  |        |
|  |  |        |
| The legal mailing address of the         | business by which the vendor may be reached.                               |        |
| Business Telephone:                      |  |        |
| Number which will reach someon           | ne responsible for the business.   |        |
| Operator's Name:                         |  |        |
| The person who owns the tempor           | rary business. In a small business this may be the same as manager.        |        |
| Person-in-Charge:                        |  |        |
| The person responsible for the or        | n-site operation and is available on-site during the operation.            |        |
| Name Of Event:                           | Date(s):   |        |
| Location Of Food Preparation: _          |  | _      |
|  | an inspected and approved source.  |        |
| How Will You Dispose Of Wast             | e Water?_ holding tanks_ public utility                                    |        |
| Certified Food Handler                   |  |        |
|  | ate with this application. Without this certification, permits will n      | ıot be |
| Signature:                               | Date:  |        |
| The person who fills out the appli       |  |        |
|  | Not Write Below This Line. For Official Use Only.                          |        |
| Vendor ID Number:                        | Date Filed:  |        |
| Payment Received:                        | Date Issued:   |        |
| Receipt Number:                          | Date Expires:  |        |

#### CITY BUILDING PERMIT INFORMATION

#### **IMPROVEMENT LOCATION PERMITS**

An Improvement Location Permit shall be obtained before any person may:

- occupy or use any land; or
- construct, reconstruct, move, alter, or enlarge any structure; or
- change the use of a structure or land to a different use; or
- change a non conforming use.

Improvement Location Permits are not required for the following:

- agriculture uses and structures; except for confined feeding operations;
- water management and use facilities;
- yard improvements listed in Section 306.04 of the Ordinance;
- land preparation activities

#### STAT E PERMITS

When is a state permit required?

- New commercial, industrial, or institutional development over 500 square feet
- New additions over 300 squarefeet
- Remodeling commercial, industrial, or institutional permits

Note: Exemptions from Design Release Requirements from the State of Indiana are covered under General Administrative Rule 675IAC 12-6-4. If this rule applies you still are required to obtain a local permit.

What is the process?

Submit your plans to the State Fire Prevention & Building Safety Plan Review (317-232-6422) for a State Design Release <a href="https://www.in.gov/ai/appfiles/dhs-drs">www.in.gov/ai/appfiles/dhs-drs</a>. Upon receiving an approval you may file for an Improvement Location Permit (ILP) and Building Permit.

Note: Other documents such as driveway cuts and septic permits must be submitted before the Improvement Location Permit and Building Permit can be processed.

#### HOW LONG IS AN IMPROVEMENT LOCATION PERMIT AND BUILDING PERMIT VALID?

Improvement location permit and building permits shall become null and void one year from the date of issuance. If the work described in the Improvement Location Permit and Building Permit has not been substantially completed by the expiration of this time, no further work may proceed unless and until a new permit has been obtained.

#### INSPE C TI ONS

After site plans have been approved and permits have been issued, construction can begin. The construction work will be inspected throughout the course of a project. The approved set of plans with comments should remain (on-site) available to inspectors at all times.

Note that before any construction occurs you must call before you dig 811 to locate any utility lines within the construction area. (2 day timeframe)

A contractor should request that the Planning Department perform the proper inspection at the proper stage of work a final inspection is required.

When all inspections have been made and a final inspection has been completed, then a Certificate of Occupancy can be issued and the structure may be occupied.

<u>DEMOLITION SITE INSPECTIONS:</u> Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. (After structure(s) is down and site has been cleared)

<u>FOOTERS:</u> Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. [For Post & Beam/Pier (FOOTINGS); Basement footings (LOWER FOOTING); and/or crawl space wall or slab wall (UPPER FOOTING)

A Grade stakes are required to be installed.

- B. All water pumped out and scraped clean to solid ground.
- C Forms are to be complete and level.
- D. Re-Bar installed, tied, and supported.
- E Tarps and insulation cover removed for inspection.
- F. INSPECTION MUST BE APPROVED BEFORE YOU POUR.

<u>ROUGH-IN:</u> Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. (Framing, electrical, and plumbing)

<u>Do NOT INSULATE</u> prior to inspection and approval. Inspection is to be approved <u>BEFORE</u> insulation and coverings on any of the construction areas are installed.

- A Structure is to be WEATHER TIGHT: Windows and doors in, roofing, and shingles on.
- B. All draft stops and fire blocking must be installed for this inspection.
- C Access to all areas must be provided.
- D. All rough-in work completed.

<u>FINAL INSPECTION:</u> Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date when job is completely finished and prior to occupancy.

#### CITY RESIDENTIAL PERMIT PROCESS Application Submittal Pre- Application Conference with Planning Staff receives applications, fee, and supporting material then sends out for Technical Review Planning Staff Zoning Administrator **Technical Review** (Drainage, Soil and Water, LMU, Health Dept., Street and Highway Dept.) Do Plans meet the requirements of the Zoning Ordinance? Do specific Departments need to be involved (2 days) (2 days) No Yes No Yes Zoning Administrator helps **Technical Review** Permit is issued take applicant through BZA Specific Department takes applicant through their process. Sign-offs or process approved permits are given to Zoning (4 weeks) **Building Commissioner** Administrator. 3 inspections – footer, rough-in, and final (up to 4 weeks) (applicant to call and make appointments 24 hrs. in advance ) **Building Commissioner** Provides applicant Certificate of Occupancy For Technical Review Sign-offs and Department List see Technical Review Process

#### **Submittal Requirements**

- Completed Application(s)
  - Improvement Location Permit Application
    - Site Plan: including dimensions of property lines, setbacks, existing structures, septic location (if applicable), easements (if known), etc
  - □ Street Department /INDOT Permit (curb cut/access)
  - □ Rule 5 (if disturbing more than 1 Acre, if applicable)
  - Development Plan Review Application
    - Floodplain Regulations
    - □ Riverfront Protection Overlay District
    - Airport Overlay District
    - Gateway Overlay District
    - Downtown Overlay District
    - Historic Overlay District

#### 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  | vner Information * ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD |                        |                        |                            |        |                |  |  |  |  |
|---|---|------------------------|------------------------|----------------------------|--------|----------------|--|--|--|--|
| Name:   | Phone #:  |                        |                        |                            |        |                |  |  |  |  |
| Address:  | Email:  |                        |                        |                            |        |                |  |  |  |  |
| City:   |   | State:                 |                        |                            |        |                |  |  |  |  |
| 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 (S                | g. Ft.):               |                            |        |                |  |  |  |  |
| Setbacks: Side: Side  |   | Rear:                  | . ,                    |                            |        |                |  |  |  |  |
| Additional Project Information  |   |                        |                        |                            |        |                |  |  |  |  |
| Estimated Cost:   | Estimated   | Completion Date:       |                        |                            |        |                |  |  |  |  |
| Contractor's Name:  |   | Phone #:               |                        |                            |        |                |  |  |  |  |
| Health Dept. permit #:  | C.C. Curb Perm  | nit                    |                        | LMU Permit                 |        |                |  |  |  |  |
| Subdivision :   | Foundation  | ( Circle one )         | Sla                    | ab / Crawlspac             | е      | / Basement     |  |  |  |  |
| Mobile Home: Make Yr.   | Serial#   |                        | State Form 7878        |                            |        |                |  |  |  |  |
| The undersigned hereby certi  | ifies the following:  |                        |                        |                            |        |                |  |  |  |  |
| 1.) That all construction requested by this                             | s application will comply with a                                      | all City, State and Fe | ederal regulations.    |                            |        |                |  |  |  |  |
| 2.) That the completed project will conform                             | rm to the site plan and applicat                                      | tion presented or le   | gal action may be ta   | ken.                       |        |                |  |  |  |  |
| 3.) That inspections are required before a                              | a Certificate of Occupancy ma   | ay be issued.: Foote   | r; Rough-In (if applic | able); Final Please call 2 | 24 hou | urs in advance |  |  |  |  |
| 4.) That the structure and/or land use ma                               | ay not be occupied without the  | signed Certificate of  | of Occupancy.          |                            |        |                |  |  |  |  |
| 5.) That all information in this application                            | is true and accurate.   |                        |                        |                            |        |                |  |  |  |  |
| Signature of Applicant / Representativ                                  | /e:   |                        |                        |                            |        |                |  |  |  |  |
| Please Print Name:  |   |                        |                        | Date                       |        |                |  |  |  |  |
| CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # Date:      |   |                        |                        |                            |        |                |  |  |  |  |
|   | MPLETED BY THE COM  |                        | OPMENT & PLAN          | NING DEPARTMEN             | T ST   | AFF            |  |  |  |  |
| Zoning Class  | Does the project conform t  | to this zoningclassif  | cation?                | Yes                        |        | No             |  |  |  |  |
| Flood Zone  | Elevation Certificate Require   | ed? Yes                | No                     |                            |        |                |  |  |  |  |
| Is a confined feed operation within 1320 t                              | 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 #: Rece   |   |                        |                        | Receipt #:                 |        |                |  |  |  |  |
|   |   | 1                      |                        |                            |        |                |  |  |  |  |

#### 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:

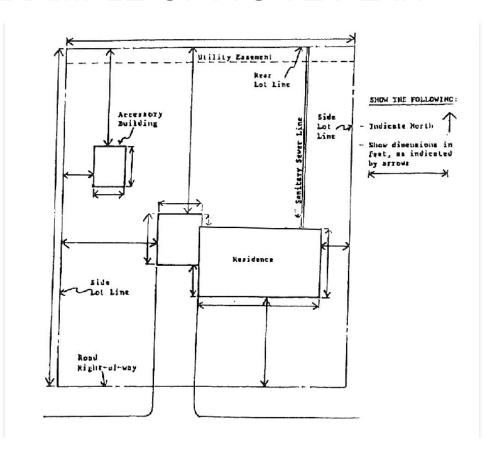
  FOOTER:

  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**



#### CITY OF LOGANSPORT

#### APPLICATION FOR CURB CUT AND/OR STREET CUT

This application, with a diagram of where the street or curb is to be cut, must be signed and delivered to the Logansport Street Department, division of Public Works, located at 612 Race St., Logansport, IN.

The Logansport Board of Works must approve this application (before the work is done). The Board meets every Thursday morning at 9:00 in the Logansport City Council Chambers, located on the third floor of the City Building, 601 E. Broadway. Request received prior to 12:00 (noon) on Tuesday, will be on the agenda for discussion and/or approval the following Thursday.

| OWNER'S NAME     |          |
|------------------|----------|
| ADDRESS          |          |
| PHONE #          |          |
| CONTRACTOR       |          |
| ADDRESS          |          |
| PHONE #          |          |
| REASON FOR CUT   |          |
| START DATE       | END DATE |
| PRECISE LOCATION |          |

Draw diagram (site plan) on a letter size (8.5 X 11) piece of paper where curb cut or street cut will be located.

Cut for driveway, etc. must be 5 ft. from property lines and 25 feet between curb cuts.

## CITY OF LOGANSPORT APPLICATION FOR CONTRACTOR'S REGISTRATION

| Date                     | Contractor Specialty/Type   |
|--------------------------|---|
| Contact Name             |   |
| Business Name            |   |
| Business Address         |   |
|                          | Zip   |
| Business Phone #         | Cell Phone #  |
| Signature                |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
| 9                        | © CUSE ONLY   |
|                          | PaidBy  |
| Registration #           | Date Issued   |
| Contractor Type:()Ele    | ectrician ()Plumber ()General ()HVAC ()Other                      |
| Certificate of Insurance | Provided Yes No Expiration Dates                                  |
|                          | se a copy of your current State of Indiana Plumbing License.  Exp |
|                          |   |

CITY OF LOGANSPORT, 601 E BROADWAY, ROOM 303, LOGANSPORT, IN



### STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

| Type of Permit:  D Private Driveway | 0 Minor 0                | Commercial Driveway              | 0 Sub-mindr             | Commercial Drivew      | yay A Major Corresponding Delivers                                     |
|-------------------------------------|--------------------------|----------------------------------|-------------------------|------------------------|--|
| Class                               | Class                    | • I                              | Class                   | Johnnerdar Drivew<br>T | vay $0$ Major Commercial Driveway Class                                |
| District                            | Class                    | Subdistrict                      | Class                   | Subdistr               |  |
| District                            |                          | 1 Subdistrict                    |                         | 1 Subdisti             | ict telephone number<br>)  |
| Driveway location:                  |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         | Reference              | ce pt. number  |
| D Legal description                 | of Parcel is attach      | ed (A// <i>driveway applica</i>  | ations)                 |                        |  |
| D 20 year Certified Ti              | itle Search or Title     | Insurance is attached            | l (Alf commercial drive | way applications)      |  |
| Present use of Parcel(s):           |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
| Proposed use of Parce!(s) Ind       | cluding adjacent Parcel  | s owned and $I$ or controlled    | by applicant:           |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
| Bond required:                      | * V - D 10               |                                  |                         | Bond number            |  |
| D Yes 0 No                          |                          | n<br>\$                          |                         | i Bond numbe           | er   |
|                                     |                          |                                  |                         |                        | 1¢   |
| APPLICATION FEE:                    | (Make check or bai       | nk draft payable to "Ind<br>———— | iana Department of i    | ransportation')        | 1\$  |
| SPECIAL PROVISIONS:                 |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        | ANA, ITS OFFICIALS AND EMPLOYEES<br>R BY WHOMSOEVER CAUSED, TO THE     |
| PERSON OR PROPERTY                  | OF ANYONE ON OF          | R OFF THE RIGHT-OF-W             | AY ARISING OUT OF,      | OR RESULTING FRO       | M THE ISSUANCE OF THIS PERMIT OR                                       |
| REMOVAL OF ANY EQUI                 | PMENT OR MATERIA         | AL, WHETHER DUE IN W             | VHOLE OR IN PART TO     | THE NEGLIGENT A        | IDITIONS, REPAIRS, ALTERATION, OR CTS OR OMISSIONS (1) OF THE STATE,   |
|                                     |                          |                                  |                         |                        | HER PERSONS ENGAGED IN THE<br>ARISING OUT OF THE WORKMEN'S             |
| COMPENSATION ACT OF                 | R ANY OTHER LAW,         | ORDINANCE, ORDER, O              | OR DECREE. THE APPL     | CANT ALSO AGREE        | S TO PAY All REASONABLE EXPENSES<br>I THAT THE APPLICANT SHALL DEFAULT |
| UNDER THE PROVISION                 | IS OF THIS PARAGRA       |                                  |                         |                        |  |
| Signature of permit applica         | nl                       |                                  | Printed nan             | e of permitapplicant   |  |
| Name of company or organiza         | ration                   |                                  |                         | T-1                    |  |
| Tame of company of organiza         |                          |                                  |                         | Telephone (            | )  |
| Address (number and stree           | et, city, slate, ZIP cod | le)                              |                         |                        |  |
| nspector                            |                          |                                  |                         |                        |  |
| District Regulatory Supervis        | sor                      |                                  |                         |                        |  |
|                                     |                          |                                  |                         |                        |  |
| )istr:ct Dijector                   |                          |                                  |                         |                        |  |
| istr;ct Diiector                    |                          |                                  |                         |                        |  |



# INDIANA DEPARTMENT OF TRANSPORTATION LaPorte District Permit Section Permit Bond Information



In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).

| Name of Insurance Company:   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| ContactPerson:   |  |  |  |  |  |  |  |
| Office Address:  |  |  |  |  |  |  |  |
| City: State:Zipcode:   |  |  |  |  |  |  |  |
| Telephone Number:  |  |  |  |  |  |  |  |
| Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above. |  |  |  |  |  |  |  |
| FOR OFFICE USE ONLY  |  |  |  |  |  |  |  |
| Permit Number:   |  |  |  |  |  |  |  |
| Bond Number:   |  |  |  |  |  |  |  |

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at (219) 362-6125



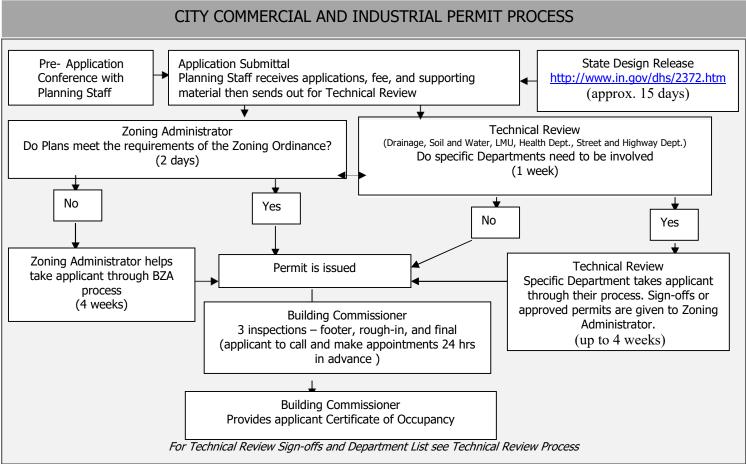
| D Driveway 0 Exca  | avation              | D Pole Line        | D Bridge At     | tachment       | D Misc.                                |                                   |
|--|----------------------|--------------------|-----------------|----------------|--|-----------------------------------|
|  |                      |                    |                 |                |  |                                   |
| Know all men by these p (address)  | resents that we, the | e Undersigned _    |                 |                |  | as Principal and                  |
| (ddd/000)  |                      |                    |                 |                |  |                                   |
| (address)  | arradicate tha Ctate | a af Indiana in th | a nanal auma af |                |  | as Surety, are                    |
| hereby held and firmly be<br>payment of which well ar<br>successors and assigns: |                      |                    | •               |                | ves, our heirs, exec                   | , for the cutors, administrators, |
| DATED THIS   |                      |                    |                 |                |  |                                   |
| The conditions of the ab   | ove obligation are   | such that, whe     | reas, the above | named          |  |                                   |
| did on   |                      |                    | make a          | ipplication fo | r a permit with the                    | State of Indiana for:             |
| which permit is made a p   | part of this bond th | e same as thou     | gh set forth he | rein.          |  |                                   |
| Now, if said   |                      |                    |                 | (Principal -   | - <i>Applicant)</i> shall w            | vell and faithfully do            |
| and perform the things ag  |                      |                    |                 |                |  | Principal - Applicant)            |
| to be done and performed   | _                    | -                  |                 |                |  | ·                                 |
| and shall pay all lawful c   |                      |                    |                 | -              |  |                                   |
| services rendered in the ca  |                      | _                  |                 |                | •                                      |                                   |
| then this obligation shall   |                      |                    |                 |                |  | -                                 |
| agreed that the liability o<br>penal sum of this obligation                      | -                    |                    |                 |                |  | 1 1                               |
| fees spent in the collection   |                      |                    | -               | -              | be liable for the cou                  | in costs and attorney             |
| ices sperit in the concent   | or this borid over   | and above the      | perarsamorum    | 3 obligation.  |  |                                   |
| IN WITNESS WHERE   | OF, we hereunto se   | et our hands and   | seals this      |                |  | day of                            |
|  | ,20                  |                    |                 |                |  |                                   |
|  |                      |                    |                 |                |  |                                   |
|  |                      | _                  |                 |                |  |                                   |
|  | Surety               |                    |                 |                | Principal                              |                                   |
| (Attach P  | Power of Attorney)   |                    |                 |                | i illioipai                            |                                   |
| State of   |                      |                    | County o        | ıf             |  | ss:                               |
| Personally appeared b  | oefore me            | '                  | Oddinty o       | '              |  | 55.                               |
| i ersonally appeared t   | olore me,            | as Princip         | al and          |                |  |                                   |
|  |                      | _ `                |                 | ach acknowl    | edged the execution                    | n of the above bond               |
|  |                      |                    | ·               | acii ackiiowi  | eaged the execution                    | Tot the above bolid               |
| this   | day of               |                    | ,20             |                |  |                                   |
| Witness my hand and  |                      |                    | seal the sa     | id last named  | d date.                                |                                   |
| My Commission Expires  |                      | ,,2                | 20 _            |                |  |                                   |
|  |                      |                    |                 | No             | otary Pubic (Written Si                | gnature)                          |
| I reside in  |                      | _ County, _        | (State)         | Nota           | ry Pubic <i>(Printed</i> or <i>Typ</i> | ed Name)                          |
| Bond number  |                      | NOTIO              |                 | \TION OF !!    | ADILITY                                |                                   |
|  | 0                    | _                  | E OF TERMINA    | LIION OF LI    | ARILLI Y                               | 20                                |
|  | 0 COMPLIED           | 0 CANCEL           | ED              |                | DATE                                   | ,20 _                             |
| Submit all 5 copies  | By:                  |                    |                 |                |  |                                   |
|  |                      |                    | PERMIT          | MANAGER        |  |                                   |

### SECTION 31: DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail:

- Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
- 2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
- **·3,** Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
- **4.** Existing drainage patterns (including existing contours) and structures, including size and kind.
- 5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
- **6.** A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
- 7. Width dimensions of highway right-of-way.
- 8. Width and type of highway pavement.
- 9. Highway right-of-way and property lines.
- **10.** Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
- 11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
- 12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
- 13. Proposed treatment of right-of-way area adjacent to and between approaches.
- **14.** Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
- **15.** A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
- 16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)



#### Submittal Requirements

- Improvement Location Permit Application
  - □ Site Plan
  - □ Paving Plan
  - Drainage Plan
  - □ Landscape Plan/Buffer Plan (Section 306.13)
  - □ Lighting Plan (Section 524)
  - □ Floor Plans of All Proposed Buildings
  - Elevations of All Proposed Buildings
  - □ Proposed Sign (location & size) (Section 505)
  - Construction Drawings
- Development Plan Review Application
  - Floodplain Regulations
  - Riverfront Protection Overlay District
  - □ Airport Overlay District
  - Gateway Overlay District
  - Downtown Overlay District
- Health Department Permits (Restaurant)
- □ Street Department/Highway Department/INDOT Permit (curb cut/access)
- □ Rule 5 (Disturbing more than 1 Acre)
- □ Clerk's Office (City permits for restaurant, entertainment, or taxi service)
- State Design Release

#### 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 INFO             | PRMATION PRO           | OVIDED WILL BE             | COM    | IE 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/Inde                 | lustrial() Resider               | ntial()                | Agricultural ( )       |                            |        |                  |  |  |
| Dimensions of Improvement: (L) (W)           | ) (H)                            | Size (S                | g. Ft.):               |                            |        |                  |  |  |
| Setbacks: Side: Side                         |                                  | Rear:                  | . ,                    |                            |        |                  |  |  |
| Additional Project Information               |                                  |                        |                        |                            |        |                  |  |  |
| Estimated Cost:                              | Estimated                        | Completion Date:       |                        |                            |        |                  |  |  |
| Contractor's Name:                           |                                  | Phone #:               |                        |                            |        |                  |  |  |
| Health Dept. permit #:                       | C.C. Curb Perm                   | nit                    |                        | LMU Permit                 |        |                  |  |  |
| Subdivision :                                | Foundation                       | ( Circle one )         | Sla                    | ab / Crawlspac             | е      | / Basement       |  |  |
| Mobile Home: Make Yr.                        | Serial#                          |                        |                        | State Form 7878            | 1      |                  |  |  |
| The undersigned hereby certi                 | ifies the following:             |                        |                        |                            |        |                  |  |  |
| 1.) That all construction requested by this  | s application will comply with a | all City, State and Fe | ederal regulations.    |                            |        |                  |  |  |
| 2.) That the completed project will conform  | rm to the site plan and applicat | tion presented or le   | gal action may be ta   | ken.                       |        |                  |  |  |
| 3.) That inspections are required before a   | a Certificate of Occupancy ma    | ay be issued.: Foote   | r; Rough-In (if applic | able); Final Please call 2 | 24 hou | urs in advance   |  |  |
| 4.) That the structure and/or land use ma    | ay not be occupied without the   | signed Certificate of  | of Occupancy.          |                            |        |                  |  |  |
| 5.) That all information in this application | is true and accurate.            |                        |                        |                            |        |                  |  |  |
| Signature of Applicant / Representativ       | /e:                              |                        |                        |                            |        |                  |  |  |
| Please Print Name:                           |                                  |                        |                        | Date                       |        |                  |  |  |
| CALL 2 DAYS BEFORE                           | YOU DIG: 811 or 1-800-382-       | -5544 Tracking #       |                        | Dat                        | e:     |                  |  |  |
|  | MPLETED BY THE COM               |                        | OPMENT & PLAN          | NING DEPARTMEN             | T ST   | AFF              |  |  |
| Zoning Class                                 | Does the project conform t       | to this zoningclassif  | cation?                | Yes                        |        | No               |  |  |
| Flood Zone                                   | Elevation Certificate Require    | ed? Yes                | No                     |                            |        |                  |  |  |
| Is a confined feed operation within 1320 t   | 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:

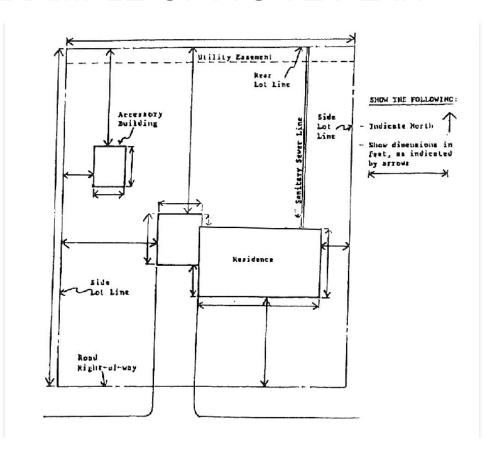
  FOOTER:

  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**





# APPLICATION FOR CONSTRUCTION DESIGN RELEASE ☐ STANDARD / ☐ PARTIAL ☐ FOUNDATION REQUEST

State Form 37318 (R13 / 8-99) Approved by State Board Of Accounts 1999

### Return to: INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES PLAN REVIEW DIVISION OFFICE OF THE STATE BUILDING COMMISSIONER

OFFICE OF THE STATE BUILDING COMMISSIONER
INDIANA GOVERNMENT CENTER SOUTH
402 W WASHINGTON ST RM E245
INDIANAPOLIS IN 46204-2739
www.in.gov/sema/osbc/plan/index.html

#### PLEASE PRINT CLEARLY

|  |   | PROJECT LOCA   | TION (Mu                    | st Be Comp                          | lete and Accurate)    |              |                      |   |  |
|--|---|--|-----------------------------|-------------------------------------|-----------------------|--------------|----------------------|---|--|
| Name of Project  |   |  |                             | Closest intersecting street or road |                       |              |                      |   |  |
| Address (site location, n  | umber and street)                                     |  |                             | Suite or Flo                        | oor                   | Directio     | n FROM intersection  | on TO project                                 |  |
|  |   |  |                             |                                     |                       | π North      | $\pi$ South $\pi$ E  | East π West                                   |  |
| City   | Co  | ounty  |                             | 1 3                                 | vithin city limits?   | Is build     | ing State owned      | - N-  |  |
|  |   |  |                             | π Υ                                 | es π No               |              | π Yes                | π Νο  |  |
|  |   | OWNER'S C  | CERTIFICA                   | ATE (Must I                         | Be Executed)          |              |                      |   |  |
| <ol> <li>The description</li> <li>The project wi</li> </ol>  | n of use and information<br>If be constructed in acco | on is being filed, I hereby cert<br>a contained on this application<br>ordance with the released docu-<br>ss will be filed with the Office | n are correct<br>uments and | applicable rul                      |                       | on and Buil  | ding Safety Commi    | ssion:  |  |
| Authorized signature   |   |  |                             | Name of ov                          | wner or business      |              |                      |   |  |
| Name (typed or printed)  | ı   |  |                             | Address (n                          | umber, street, PO Box | if applicab  | le)                  |   |  |
| Title  |   |  |                             | City, State,                        | Zip Code              |              |                      |   |  |
| Telephone Number:  | Fa  | x Number:  |                             | E-Mail:                             |                       |              | Facility use:        |   |  |
| I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the <b>Foundation Requested</b> building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Fire and Building Services.   |   |  |                             |                                     |                       |              |                      |   |  |
|  |   | DEGIGNIN   | DOFFCCIA                    | ONAL CED                            | TIFICATE              |              |                      |   |  |
| (I   | Must Be Executed for all                              | DESIGN P.<br>I new buildings or additions e  |                             | ONAL CER'<br>0,000 Gross C          |                       | tion affecti | ng Structural Safety | ))  |  |
| As the design professional for the project for which this application and plans are being filed, I hereby certify:  1. I am qualified and competent to design such buildings, structures, and systems;  2. the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;  3. the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application:  4. the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations: and  5. I affirm under penalty of perjury that the representations contained herein are 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. |   |  |                             |                                     |                       |              |                      | eneral compliance with<br>corrected or notify |  |
| Responsibility is for the  | following systems:                                    | $\pi$ Site $\pi$ Foundati  | on                          | π Structural                        | π Architectu          | ural         | π Mechanic           | cal   |  |
| $\pi$ Plumbing   | π Electrical  | π Fire Suppression   | π All Abo                   |                                     | τ Other (specify)     |              |                      | <u> </u>                                      |  |
| Signature  |   |  |                             | Name of fi                          | rm (if applicable)    |              |                      |   |  |
| Name (typed or printed)  |   |  |                             | Address (n                          | umber, street, PO Box | if applical  | ble)                 |   |  |
| Indiana Registration Nu  | mber:   | π Architec<br>π Enginee  |                             | City, State                         | , Zip Code            |              |                      |   |  |
| Telephone Number:  |   | E-Mail:  | C1                          |                                     | Fax                   | Number:      |                      |   |  |
| Designated Inspecting D  | Design Professional:                                  | <u> </u>   | ]                           | ndiana Regis                        | tration Number:       |              | Telephone N          | Number:                                       |  |
|  |   |  |                             |                                     |                       |              | •                    |   |  |
| STANDARD<br>FILING FEE   | PROCESSING  | PARTIAL  | FOUNI                       | DATION                              | INSPECTION            | LA           | TE FILING            | TOTAL   |  |
|  |   |  |                             |                                     |                       |              |                      |   |  |

| D | D | a  | IF | C1       | חי | A 7    | $\Gamma \Lambda$ |
|---|---|----|----|----------|----|--------|------------------|
| г | п | ., |    | <b>.</b> |    | $\sim$ | _                |

(to be completed by submitter) Please answer all pertinent questions

|                    | FOR OFFICE USE ONLY |             |
|--------------------|---------------------|-------------|
| SBC project number |                     | Filing date |

#### DOCUMENTS REQUIRED FOR FILING

- 1. One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
- 2. One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Office of the State Building Commissioner shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
  - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
  - B. Foundation and basement plans and details.
  - C. Dimensioned floor plans for all floors.
  - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exists.
  - E. Wall elevations of all exterior walls including adjacent ground elevation.
  - F. Sections and details of walls, floors and roof, showing dimensions, materials.
  - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
  - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
  - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - J. Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
  - K. Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
  - L. Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
  - M. Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

| PROJECT DESCRIPTION  | ON (Must Be Complete)                       | FLOOR AREAS                                | ESTIMATED COSTS                        |  |  |  |
|--|---|--|--|--|--|--|
| Scope of work:   |   | Total existing (if applicable)             |  |  |  |  |
| $\pi$ New building $\pi$ Addition  | π Remodeling                                |  |  |  |  |  |
|  |   | Sq. ft.                                    |  |  |  |  |
| Is this construction the result of fire or   | Sewer:                                      | Addition (if applicable)                   | Addition (if applicable)               |  |  |  |
| Natural disaster?  | $\pi$ Existing $\pi$ Proposed               |  | •                                      |  |  |  |
| π Yes π No   | $\pi$ Public $\pi$ Private $\pi$ None       | Sq. ft.                                    | \$                                     |  |  |  |
| Fire suppression system in building  | Detailed suppression system plans/specs     | Remodeled (if applicable)                  | Remodeling (if applicable)             |  |  |  |
| π Full π Partial π None  | $\pi$ Provided $\pi$ To follow              | Sq. ft.                                    | \$                                     |  |  |  |
| If partial, specify where*   | Located in flood plain (check county        | Total building area square feet            | Total project cost                     |  |  |  |
|  | plan commission) $\pi$ Yes $\pi$ No         |  | \$                                     |  |  |  |
| Building construction type and occupancy cla   | assification Building height (stories)*     | Number of buildings this submittal         | Volume cubic feet                      |  |  |  |
|  |   | (Describe if necessary)*                   | (Fee category E only)                  |  |  |  |
| Indiana rehabilitation standard (Rule 8) used?   |   | Use of conversion rule (Rule 13) proposed? |  |  |  |  |
| π Yes π No   | π Yes π No                                  |  | π Yes π No                             |  |  |  |
| Does project include: (Check if yes)   |   |  |  |  |  |  |
| π Elevator or lift   | $\pi$ Combustible fibers storage            | $\pi$ Fireworks storage $\pi$              | Explosives storage                     |  |  |  |
| William States and Sta |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| π High-piled storage   | $\pi$ Boiler or pressure vessel             | $\pi$ Hazardous or flammable materials     | storage                                |  |  |  |
| π High-piled storage<br>Describe proposed use of facility IN DETAII  | 1   |  | storage                                |  |  |  |
|  | 1   |  | storage                                |  |  |  |
|  | 1   |  | storage                                |  |  |  |
| Describe proposed use of facility IN DETAIL  | including types of flammable or combustible |  | storage                                |  |  |  |
|  | including types of flammable or combustible |  | storage                                |  |  |  |
| Describe proposed use of facility IN DETAIL  | including types of flammable or combustible |  |  |  |  |  |
| Describe proposed use of facility IN DETAIL  | including types of flammable or combustible |  | Number of persons employed (max/shift) |  |  |  |
| Describe proposed use of facility IN DETAIL  | including types of flammable or combustible |  | Number of persons employed             |  |  |  |
| Describe proposed use of facility IN DETAIL  Describe IN DETAIL previous or current use  | including types of flammable or combustible |  | Number of persons employed (max/shift) |  |  |  |

|   | GENERAL INFORMATION  |                                     |   |
|---|--|-------------------------------------|---|
| Has work at this location ever been filed? $\pi$ Yes $\pi$ No $\pi$ Unknown | Does project include use of a master plan design π Yes                 | release or a factory built $\pi$ No | t modular or mobile structure?              |
| What year and month?  | Previous SBC Project Number  | Name of Manufacturer                | Master Plan / Modular Number                |
| Has construction started? $\pi$ Yes $\pi$ No                                | If yes, has notice of violation or investigation be $\pi$ Yes $\pi$ No | en issued?                          | If no, probable construction starting date? |

#### **APPLICATION FOR CONSTRUCTION PERMIT**

State Form 50098 (R6 / 4-20) INDIANA STATE DEPARTMENT OF HEALTH Environmental Public Health Division

**DATE RECEIVED** 

(month, day, year)

#### **RECEIPT NUMBER**

- INSTRUCTIONS: 1. Send check or money order along with plans to: Indiana State Department of Health Attention: Environmental Public Health 100 North Senate Avenue, Room N855 Indianapolis, IN 46204
  - 2. Direct questions to (317) 233-7177.

#### **PROJECT NUMBER**

| <b>FAX COPIES</b> | OF           | ΔΡΡΙ Ι | LATIONS | WILL   | NOT RE | <b>ACCEPTED</b> |
|-------------------|--------------|--------|---------|--------|--------|-----------------|
| FAX CUFILS        | $\mathbf{U}$ | AFFLI  | AHUNS   | VVILLI | NOI DE | ACCLF ILD       |

| 1. OWNER  | The Following Documents are Attached:     (CHECK WHERE APPLICABLE.)   |  |  |
|---|---|--|--|
| Name<br>Address   | A. Location Map  B. Plans and Specifications certified by   |  |  |
| Telephone Number E-mail  2. OWNER'S DESIGNATED AGENT Name Title Address  Telephone Number E-mail  3. FACILITY (TYPE OF PROJECT) | Architect or Engineer  C. Documents Required by 410 IAC 6-10 (1) Reportof Soil Survey Conducted by a Soil Scientist - Applicable if soil Report Not Already Submitted (2) Wastewater Characteristics and Flow Calculations  D. Fees Required by 410 IAC 6-12-17 (See other side.) |  |  |
| Name Address  City County  4. ENGINEER/ARCHITECT  | 6. SIGNATURE  Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate. |  |  |
| Name Address  | Printed Name of Person Signing  Title  Signature of Owner or Designated Agent   |  |  |
| Telephone Number License Number E-mail  | Application (month, day, year)  |  |  |

#### INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

Owner

Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of anywater pollution control facility.

2. Authorized Agent

Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.

3. Name of Facility or Project

State its name, location, and nearest possible address.

4. Name of Engineer / Architect

Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.

 Check the squares indicating name of documents attached to Application.
 All documents are required except where inapplicable.

- A USGS topographic map or a county highwaymap with the exact site indicated.
- B. Plans and specifications shall be prepared, certified and sealed by an individual qualified underapplicable laws of the State of Indiana.
- C. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
- D. Fees required by 410 IAC 6-12-17

Commercial on-site \$200

Community Wastewater Disposal Facility \$700

Mobile Home Community or
Mobile Home Community Addition \$300

#### 6. Signature

An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.



### STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

| Type of Permit:  D Private Driveway             | 0               | Minor Cor      | nmercial Drivewa               | y 0         | Sub-mindr (    | ommer     | cial Driveway(   | ) Major Con   | nmercial Driveway |   |
|---|-----------------|----------------|--------------------------------|-------------|----------------|-----------|------------------|---------------|-------------------|---|
| Class   | J               | Class          |                                | y O         | Class          | T         | ciai briveway (  | Class         | inercial Driveway |   |
| District  |                 |                | Subdistrict                    |             |                |           | Subdistrict tele | phone number  |                   |   |
| Driveway location:                              |                 |                |                                |             |                |           | (                | )             |                   | +   ;   |
| Driveway location.                              |                 |                |                                |             |                |           |                  |               |                   | 'i  |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           | Reference pt. r  | number        |                   | <del> </del>  |
| Discolds sociation                              | of Dorocki      | ttbd           | (                              |             |                |           |                  |               |                   | +   |
| D Legal description                             | orParceri       | sattached      | (All ariveway appli            | cations)    |                |           |                  |               |                   |   |
| D 20 year Certified Ti                          | itle Searcl     | or Title In    | surance is attache             | ed (Alf co  | mmercial drive | vay app   | olications)      |               |                   |   |
| Present use of Parcel(s):                       |                 |                |                                |             |                |           |                  |               |                   | <u> </u>  |
|   |                 |                |                                |             |                |           |                  |               |                   | +   |
|   |                 |                |                                |             |                |           |                  |               |                   | a c c 3   |
| Proposed use of Parce!(s) Ind                   | cluding adjad   | ent Parcels ov | vned and <i>I</i> or controlle | d by applic | ant:           |           |                  |               |                   | ,   |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           |                  |               |                   | + +   |
|   |                 |                |                                |             |                |           |                  |               |                   | $\perp$ $\vdash$ |
|   |                 |                |                                |             |                |           |                  |               |                   |   |
|   | ı               |                |                                |             |                |           |                  |               |                   | T c c c c c   |
| Bond required:                                  | ∦ Yes           | Penal Sum      |                                |             |                |           | Bond number      |               |                   |   |
| D Yes 0 No                                      |                 |                | \$                             |             |                |           |                  |               |                   | <u> </u>  |
| APPLICATION FEE:                                | (Make che       | ck or bank     | draft payable to "In           | diana De    | epartment of T | anspon    | tation') 1\$     |               |                   | n   |
| SPECIAL PROVISIONS:                             |                 |                |                                |             |                |           |                  |               |                   | 0<br>a<br>0   |
|   |                 |                |                                |             |                |           |                  |               |                   | f   |
| THE APPLICANT AGREE                             |                 |                |                                |             |                |           |                  |               |                   |   |
| PERSON OR PROPERTY                              | OF ANYO         | NE ON OR O     | FF THE RIGHT-OF-               | WAY ARIS    | SING OUT OF, C | R RESU    | JLTING FROM TH   | E ISSUANCE OF | THIS PERMIT OR    |   |
| THE WORK CONNECTED REMOVAL OF ANY EQUI          | PMENT OF        | MATERIAL,      | WHETHER DUE IN                 | WHOLE C     | OR IN PART TO  | THE NE    | GLIGENT ACTS O   | R OMISSIONS ( | 1) OF THE STATE,  | +   |
| ITS OFFICIALS, AGENTS PERFORMANCE OF THE        | WORK, OF        | R (3) THE JO   | INT NEGLIGENCE (               | OF ANY O    | F THEM; INCLU  | DING AN   | NY CLAIMS ARISII | NG OUT OF THE | WORKMEN'S         | if  |
| COMPENSATION ACT OF AND ATTORNEY'S FEES         | INCURRED        | BY OR IMPO     | OSED ON THE STAT               |             |                |           |                  |               |                   | if  |
| UNDER THE PROVISION Signature of permit applica |                 | PARAGRAPI      | 1.                             |             | Printed name   | e of pern | mitapplicant     |               |                   | _   %   |
|   |                 |                |                                | '           |                | _1_       |                  |               |                   |   |
| Name of company or organiza                     | ation           |                |                                |             |                | 1         | Telephone numbe  | r<br>)        |                   | <del> </del>  |
| Address (number and stree                       | et, city, slate | e, ZIP code)   |                                |             |                |           |                  | ,             |                   | 1   |
| Inspector                                       |                 |                |                                |             |                |           |                  |               |                   | m<br>3  |
|   |                 |                |                                |             |                |           |                  |               |                   | a C   |
| District Regulatory Supervis                    | sor             |                |                                |             |                |           |                  |               |                   | ]   m   |
| Distr;ct Diiector                               |                 |                |                                |             |                |           |                  |               |                   |   |
|   |                 |                |                                |             |                |           |                  |               |                   | ]   |



# INDIANA DEPARTMENT OF TRANSPORTATION LaPorte District Permit Section Permit Bond Information



In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).

| Name of Insurance Company:   |  |  |  |
|--|--|--|--|
| ContactPerson:   |  |  |  |
| Office Address:  |  |  |  |
| City: State:Zipcode:   |  |  |  |
| Telephone Number:  |  |  |  |
| Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above. |  |  |  |
| FOR OFFICE USE ONLY  |  |  |  |
| Permit Number:   |  |  |  |
| Bond Number:   |  |  |  |

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at (219) 362-6125



| D Driveway 0 Exca  | avation              | D Pole Line        | D Bridge At     | tachment       | D Misc.                                |                                   |
|--|----------------------|--------------------|-----------------|----------------|--|-----------------------------------|
|  |                      |                    |                 |                |  |                                   |
| Know all men by these p (address)  | resents that we, the | e Undersigned _    |                 |                |  | as Principal and                  |
| (ddd/000)  |                      |                    |                 |                |  |                                   |
| (address)  | arradicate tha Ctate | a af Indiana in th | a nanal auma af |                |  | as Surety, are                    |
| hereby held and firmly be<br>payment of which well ar<br>successors and assigns: |                      |                    | •               |                | ves, our heirs, exec                   | , for the cutors, administrators, |
| DATED THIS   |                      |                    |                 |                |  |                                   |
| The conditions of the ab   | ove obligation are   | such that, whe     | reas, the above | named          |  |                                   |
| did on   |                      |                    | make a          | ipplication fo | r a permit with the                    | State of Indiana for:             |
| which permit is made a p   | part of this bond th | e same as thou     | gh set forth he | rein.          |  |                                   |
| Now, if said   |                      |                    |                 | (Principal -   | - <i>Applicant)</i> shall w            | vell and faithfully do            |
| and perform the things ag  |                      |                    |                 |                |  | Principal - Applicant)            |
| to be done and performed   | _                    | -                  |                 |                |  | ·                                 |
| and shall pay all lawful c   |                      |                    |                 | -              |  |                                   |
| services rendered in the ca  |                      | _                  |                 |                | •                                      |                                   |
| then this obligation shall   |                      |                    |                 |                |  | -                                 |
| agreed that the liability o<br>penal sum of this obligation                      | -                    |                    |                 |                |  | 1 1                               |
| fees spent in the collection   |                      |                    | -               | -              | be liable for the cou                  | in costs and attorney             |
| ices sperit in the concent   | or this borid over   | and above the      | perarsamorum    | 3 obligation.  |  |                                   |
| IN WITNESS WHERE   | OF, we hereunto se   | et our hands and   | seals this      |                |  | day of                            |
|  | ,20                  |                    |                 |                |  |                                   |
|  |                      |                    |                 |                |  |                                   |
|  |                      | _                  |                 |                |  |                                   |
|  | Surety               |                    |                 |                | Principal                              |                                   |
| (Attach P  | Power of Attorney)   |                    |                 |                | i illioipai                            |                                   |
| State of   |                      |                    | County o        | ıf             |  | ss:                               |
| Personally appeared b  | oefore me            | '                  | Oddinty o       | '              |  | 55.                               |
| i ersonally appeared t   | olore me,            | as Princip         | al and          |                |  |                                   |
|  |                      | _ `                |                 | ach acknowl    | edged the execution                    | n of the above bond               |
|  |                      |                    | ·               | acii ackiiowi  | eaged the execution                    | Tot the above bolid               |
| this   | day of               |                    | ,20             |                |  |                                   |
| Witness my hand and  |                      |                    | seal the sa     | id last named  | d date.                                |                                   |
| My Commission Expires  |                      | ,,2                | 20 _            |                |  |                                   |
|  |                      |                    |                 | No             | otary Pubic (Written Si                | gnature)                          |
| I reside in  |                      | _ County, _        | (State)         | Nota           | ry Pubic <i>(Printed</i> or <i>Typ</i> | ed Name)                          |
| Bond number  |                      | NOTIO              |                 | \TION OF !!    | ADILITY                                |                                   |
|  | 0                    | _                  | E OF TERMINA    | LIION OF LI    | ARILLI Y                               | 20                                |
|  | 0 COMPLIED           | 0 CANCEL           | ED              |                | DATE                                   | ,20 _                             |
| Submit all 5 copies  | By:                  |                    |                 |                |  |                                   |
|  | PERMIT MANAGER       |                    |                 |                |  |                                   |

### SECTION 31: DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail:

- Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
- 2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
- **·3,** Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
- **4.** Existing drainage patterns (including existing contours) and structures, including size and kind.
- 5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
- 6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
- 7. Width dimensions of highway right-of-way. •
- 8. Width and type of highway pavement.
- 9. Highway right-of-way and property lines.
- **10.** Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
- 11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
- 12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
- 13. Proposed treatment of right-of-way area adjacent to and between approaches.
- **14.** Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
- **15.** A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
- 16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)

#### CITY OF LOGANSPORT

#### APPLICATION FOR CURB CUT AND/OR STREET CUT

This application, with a diagram of where the street or curb is to be cut, must be signed and delivered to the Logansport Street Department, division of Public Works, located at 612 Race St., Logansport, IN.

The Logansport Board of Works must approve this application (before the work is done). The Board meets every Thursday morning at 9:00 in the Logansport City Council Chambers, located on the third floor of the City Building, 601 E. Broadway. Request received prior to 12:00 (noon) on Tuesday, will be on the agenda for discussion and/or approval the following Thursday.

| OWNER'S NAME     |          |
|------------------|----------|
| ADDRESS          |          |
| PHONE #          |          |
| CONTRACTOR       |          |
| ADDRESS          |          |
| PHONE #          |          |
| REASON FOR CUT   |          |
| START DATE       | END DATE |
| PRECISE LOCATION |          |

Draw diagram (site plan) on a letter size (8.5 X 11) piece of paper where curb cut or street cut will be located.

Cut for driveway, etc. must be 5 ft. from property lines and 25 feet between curb cuts.

#### Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities

#### **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (I) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

#### Step by Step Process for Compliance with 327 IAC 15-5

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

#### Step 1:

Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique i;tnd therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "IndianaStom1 Water Quality Manual" is available o-line at <a href="http://www.in.gov/idem/4899.htm">http://www.in.gov/idem/4899.htm</a>.

#### Step 2;

Submit the Construction Plan to the plan reviewing authority. In most situat ions, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a

Page | of 3

Revised 07/21/08

IDEM, OWO

notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice oflinent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one on these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <a href="http://www.in.gov/idem/5429.htm">http://www.in.gov/idem/5429.htm</a>.

#### Step 3:

Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.

#### Step 4:

Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation ofland disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.

A separate Notice ofIntent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice ofIntentletter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

#### Step 5:

Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice oflntent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Page** 2 **of** 3

Revise,/07/2//08 IDEM,OWO

#### Step 6:

#### Implement the approved Construction Plan throughout the life of the project.

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storin water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

#### **Step** 7:

#### Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

#### **Agency Information**

• Storm Water Program Website:

http://www.IN.gov/idem/4896.htm



required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

| TypeofSu   | bmittal(CheckApp                | ropriateBox): |  |
|------------|---------------------------------|---------------|--|
|            | D Initial O Amendment D Renewal |               |  |
| Permit Nur | nber:                           |               |  |
|            |                                 |               |  |

(Note: The initial submittal does not require a permit number; the Department wi/1

assign a number. A permit number is required when filing an amendment,

Anolying for renewal, or correspondence related to this oermit).

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construe/ion Activity. Permitted project site owners are

|  | Project N   | lame and Location                         |  |
|--|---|---|--|
| Project Name:  |   |   | County:  |
| Brief Description of Project Location                                  | d.  |   | -L   |
|  |   |   |  |
| ProjectLocation: Describe location Township, and Range, Civil Township |   | nutes, and Seconds or Decimal represen    | ntation) <u>and</u> by legal description (Section, |
| Latitude;  |   | Longitude:                                |  |
| Quarter: Section   |   | Range:                                    | CivilTownship:                                     |
| Does ☐ all or ☐ part of this project☐ Yes ☐ No If yes, name the M      | lie within the jurisdictionalboundaries of IS4(s):                      | f a Municipal Separate Storm Sewer Sy     | stem (MS4) as defined in 327 IAC 15-13?            |
|  | Project Site Owner an   | nd Project Contact Information            |  |
| Company Name (If Applicable):  | r Toject Oite Owner an  | u Project Contact <del>mornation</del>    |  |
| Project Site Owner's Name: (An Indi                                    | ividual)  |   | Tille/Position:                                    |
| Address:   |   |   |  |
| City:  |   | State:                                    | ZIP Code:  |
| Phone:   | FAX:  | E-Mail Address: (If Available)            |  |
| Ownership Status (check one):  |   |   |  |
| Governmental Agency: 0 Federal   | O State D Local Non-Governm   | nental: D Public D Private D Other: (     | (Explain)  |
| Contact Person:  |   | Company Name: (If Applicable)             |  |
| Affiliation to Project Site Owner:                                     |   |   |  |
| Address: (if different from above)                                     |   |   |  |
| City:  |   | Stale:                                    | ZIP Code:  |
| Phone:   | FAX:  | E-Mail Address: (If Available)            |  |
|  | Projec  | t Information                             |  |
| Project Description:   |   | D D O'                                    |  |
| Name of Receiving Water:   | sidential-Multi-Family $\operatorname{O}$ Commercial $\operatorname{I}$ | D Industrial D Other: (I=xpiain)          |  |
| Name of Reserving Fraces.  |   |   |  |
| nearest possible receiving water rece                                  |   | nate receiving water. If a retention pond | d is present on the property, the name of the      |
| Project Acreage  |   |   |  |
| Total Acreage:   | Proposed Land Disturbance: (in acre                                     |   |  |
|  | quare feet , estimated for completed proje                              | <i>⊋ct)</i>                               |  |
| Project Duration   |   |   |  |
| Estimated Start Date:  | Estimated End   | Dale for all Land Disturbing Activity:    |  |

(Con tinued on Reverse Side)

Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construct and Constr
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of lhe Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication <u>Must</u> include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged Following is a sample Proof of Publication:

XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of ovrintent to comply with the requirements of 327/AC 15-5 to discharge stonn water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Rvnofffrom the project site will discharge to the White River. Qvestions or comments regarding this project should be directed to Walter Water of XERT Development Inc."

D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOi submittals (initial and renewaQ. A fee is not required for amendments.

#### Projec Site Owner Responsibility Statemen

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisionsof 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

| Printed Name of Project Owner: _ |       |
|----------------------------------|-------|
|                                  |       |
| Signature of Project Owner:      | Date: |

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327!AC 15-4-3(9). All NOi submittals must include an original signature (FAX and photo copies are not acceptable).

Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.

Nole; A permit issued under 327 /AC 15-5 is granted by the commissioner for a period of five (5) years from the dale coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for constructionactivity continvation, a new Notice of Intent Jetter {Renewal} is reqvired to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOi Letter, Proof of PublicaUonFee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original sybmittal).

Mail this form to: Indiana Department of Environmental Management Cashiers Office • Mall Code 50-10C

100 North Senate Avenue I ndianapolis ., IN 46204-2251

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intentletter besubmitted to the local Soil and Waler Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questionsregarding the development or implementation of the Construction Plan/Storm Water Pollutfon Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.

For information and forms visit:http://www.v.in.gov/idem/permitsl water/wastewater/wetwthr/storm/rule 5.html



For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Deparbnent of Environmental Management

Storm Water, Permits Coordinator 100 North Senate Avenue

MC 65-42, Room 1255

Indianapolis, Indiana 46204-2251 Telephone (317) 233-1864 or

(800) 451-6027(wilhin Indiana), ext. 31864

Web Access: http://www.IN.gov/idem/4902.htm

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the te1111s and conditions of the General Permit Rule 327 /AC 15-5(Rule 5, S/01111 Weter Discharges Associated with Construction Activity) for termination of pe1111it coverage under the National Pollutant Discharge Elimination System(NPDES).

#### PROJECT NAME AND LOCATION

|   | •                                |                               |          |  |
|---|----------------------------------|-------------------------------|----------|--|
| Permit number   |                                  |                               |          |  |
| (Note: Permit numbers were assigned to projects beginning in November of $2003$ . Therefore, a permit number is only applicable for those projects that began or were renewed on or after November of $2003$ ). |                                  |                               |          |  |
| Project name County   |                                  |                               |          |  |
| (Note: Provide the project name as it app   | ears on the active "Notice of In | tent')                        |          |  |
| Company name  |                                  |                               |          |  |
| Project site owner's name ( <i>an individual</i> )  |                                  |                               |          |  |
| Address (number and street)   |                                  |                               |          |  |
| City  |                                  | State                         | ZIP code |  |
| Telephone FAX   | X .                              | E-mail address (if available) |          |  |
| THIS "NOTICE OF TERMINATION" IS BEING SUBMITTED FOR THE FOLLOWING   |                                  |                               |          |  |
| To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include:  |                                  |                               |          |  |

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of cons1ruction activities (327 !AC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

#### D Option # 1 Certification for change of ownership

This option does not apply to the sale of individual Jots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

#### By signing this "Notice of Termination" | Certify the following:

A. The project was sold; I amnolonger the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (Ifapplicable)

Project site owner's name (An individua

Address (number and street)

City State Z IP code

Telephone number FAX E-mail Address (If available)

B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent:

#### D Option# 2 Certification for termination of construction activities

#### By signing this "Notice of Termination'. I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at !he project site.

 $\overline{D}$  Option # 3 "Notice of Tennination" to obtain early release from compliance with 327 IAC 15-5

By signing this "Notice of Termination." I certify the following:

- A. Toe remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat lo the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

#### Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

#### PROJECT SITE OWNER RESPONSIBILITY STATEMENT

#### SUBMITTAL OF THE "NOTICE OF TERMINATION"

Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Waler ConseNation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwaterpollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at

Indiana Department of Environmental Management Storm Water Permits Coordinator 100 North Senate Avenue Mail Code 65-42,Room 1255 Indianapolis, IN 46204-2251

#### Additional considerations

It is not required by 327 /AC 15-5 lhat the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.

If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination wilf be reviewed for concurrence and either re/urned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.

|      |                                | FOR AG  | ENCY USE ONLY (F           | IELD VERIFICATION OF 1  | TERMINATION)            |                           |
|------|--------------------------------|---|----------------------------|---|-------------------------|---------------------------|
| rem. | aining stoimwa<br>owner.has me | ater quality measures a<br>et the requirements of 3 | and cornplianc with te Not | nental·Managementmayinspecfl<br>tice of Terminalion (NOT) require<br>nayelect to sign off on the project.<br>ment | ments; Jf lhe.insp ng e | nUtyfinds thalUieproject  |
| 0    | Accepted                       |   |                            | ndit has been determined that the<br>st-be subm,itted to the IDEM for fin   |                         | project is compliant with |
| D    | Denied                         | With the requirements                               | _ : ;                      | nd it has been determined that the e to implement the Storm Water i.  |                         | . ,                       |
| Sigr | nature                         |   | Printed name               | Agency  |                         | Date (nionih, day, year,  |

#### **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

#### Option 1

#### **Change** in **Ownership**:

D A project is sold to another party and meets the following conditions.

• A request to tenninate does not apply to the sale of individual lots within the pennitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

#### Option2

Certification for Termination of Construction Activity (All conditions below must be met to qualify for termination):

- All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (Field Assessment).

  Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.
- D No future land disturbing activities are planned for the site (Field Assessment). Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.
- All temporary erosion and sediment control measures have been removed (Field Assessment).

#### Option 3

#### Early Release (All conditions below must be met to qualify for termination):

- D Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (Field Assessment).
- D Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (Field Assessment).
- D All permanent storm water quality measures have been implemented and are operational (Field Assessment).

IDEM. OWQ January, 2007

## CITY OF LOGANSPORT APPLICATION FOR CONTRACTOR'S REGISTRATION

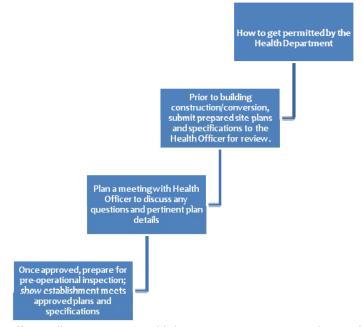
| Date                     | Contractor Specialty/Type   |
|--------------------------|---|
| Contact Name             |   |
| Business Name            |   |
| Business Address         |   |
|                          | Zip   |
| Business Phone #         | Cell Phone #  |
| Signature                |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
| 9                        | © CUSE ONLY   |
|                          | PaidBy  |
| Registration #           | Date Issued   |
| Contractor Type:()Ele    | ectrician ()Plumber ()General ()HVAC ()Other                      |
| Certificate of Insurance | Provided Yes No Expiration Dates                                  |
|                          | se a copy of your current State of Indiana Plumbing License.  Exp |
|                          |   |

CITY OF LOGANSPORT, 601 E BROADWAY, ROOM 303, LOGANSPORT, IN

<u>Food Permitting:</u> The Cass County Health Department requires any non-tax exempt establishment to be permitted by their office prior to serving the public. The permit fees range from \$50-\$100 and must be renewed on a yearly basis.



- A Retail Food Establishment stores, prepares, serves, vends, and provides food for human consumption. Examples include a restaurant, catered feeding location, market, grocery store, food bank.
- Bed and Breakfast is a site that is owner occupied and provides sleeping accommodations to the public.
- A Temporary Food Establishment is a retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event.



Once permitted the Health Officer will inspect your establishment once every six months. Further information may be obtained from the Chief Food Specialist.

Chief Foods Specialist – Cass County Health Department 512 High Street – Logansport (574) 753-7760 Please complete the following, as is applicable to the retail food establishment.

| Owner/Corporation information:  | Engineer/Architect information:  |  |  |  |  |
|---|--|--|--|--|--|
| Name:   | Name:  |  |  |  |  |
| Contact Person:   | Contact Person:  |  |  |  |  |
| Telephone Number:   | Telephone Number:  |  |  |  |  |
| Mailing Address:  | Mailing Address:   |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Establishment Information:  |  |  |  |  |  |
| (Check one)New ConstructionExis   | sting/Remodel Project #:   |  |  |  |  |
| Establishment Name:   |  |  |  |  |  |
| Contact Person:   | Title:   |  |  |  |  |
| Establishment Telephone #:  | Contact Person Telephone #:  |  |  |  |  |
| <b>Establishment Mailing Address:</b>   |  |  |  |  |  |
| Establishment Street Address:   |  |  |  |  |  |
| Projected Date for Start of Project:  |  |  |  |  |  |
| Projected Date for Completion of Project:   |  |  |  |  |  |
| Hours of Operation:   | Days of Operation:   |  |  |  |  |
| Contents and Specifications for Facility and Operating Plans as   | -  |  |  |  |  |
| (Please check items submitted for review)   |  |  |  |  |  |
| Proposed menu (including seasonal, off-site   | and banquet menus).  |  |  |  |  |
| Proposed menu (including seasonal, off-site and banquet menus).   |  |  |  |  |  |
| Anticipated volume of food to be stored, prepared, and sold or served.  |  |  |  |  |  |
| Proposed layout, mechanical schematics, construction materials, and finish schedules.   |  |  |  |  |  |
| Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications. |  |  |  |  |  |
| Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24  |  |  |  |  |  |
| are developed or are being developed Plan review questionnaire completed and su   | ubmitted to the regulatory authority.  |  |  |  |  |
| Note:   |  |  |  |  |  |
| Other information that may be required by the reg construction, conversion or modification, and proc                                    | gulatory authority for the proper review of the proposed edures for operating a retail food establishment. |  |  |  |  |
| Additional Information:   |  |  |  |  |  |
| Comments:   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | Signature of Applicant   |  |  |  |  |
|   | Relationship to Project  |  |  |  |  |
|   | Date Signed  |  |  |  |  |

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.

Cass County Health Department Food Permits 512 High St. Logansport, IN 46947-1580



## Application For A *Permit* To Operate A Retail Food Establishment

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-22, 7-24, and Cass County Retail Food Establishment Ordinance 2004-01 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Cass County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit.

#### THIS PERMIT IS NOT TRANSFERABLE!

Any change of owner or operator requires a new permit. All permits expire December 31st of each year.

You must fill out this form completely and accurately. Return the <u>signed original form</u> and the <u>proper fee of \$100.00 for all</u> <u>establishments except \$50.00 for convenience stores selling only pre-packagedfoods</u> to the Cass County Health Department. Submitting this application does not guarantee a permit will be issued. Late Fee: \$50.00. Any changes in the information provided must be reported to the health department.

|               | stablishment:  |
|---------------|--|
|               | ame commonly used or known, or the "doing business as" name.                                       |
|               | f Establishment:   |
| •             | hysical location of the establishment. This may not be the same as the mailing address.            |
|               | nent Mailing Address:  |
|               | State: Zip:  |
| Thleg         | al mailing address of the business by which the local operator or manager may be reached.          |
| E-Mail Add    | ress:  |
| 1ft he        | operator or manager has an e-mail address, show it here.   |
| Business C    | Operator's Name:   |
| The           | erson or corporation which owns the business. In a small business this may be the same as manager. |
| On-Site Ma    | nager's Name:  |
|               | erson responsible for the daily operation and is available at the business.                        |
| Building O    | wner's Name:   |
| <b>Hinc</b> n | mpany which owns the physical structure which houses the business.                                 |
| Certified Fo  | ood Handler:   |
| The na        | ame of the person who has passed an Indiana approved certification exam.                           |
| Type of Ce    | rtification :  |
| Option        | s include: ServSafe (NRAEF), Certified Professional Foo d Manager (Experior), or                   |
| Certific      | ed Food Safety Manager (NRFSP)   |
| Business T    | elephone:  |
| Namber        | r which rings at the local business.   |
| Emergency     | y Telephone:   |
|               | · · · · · · · · · · · · · · · · · · ·  |

Number which will reach some one in authority in case of an emergency when business is closed. (Continue on next page)

| Menu (if new o              | or changed bu                         | siness):    | ·         |            |             |               |                              |
|-----------------------------|---------------------------------------|-------------|-----------|------------|-------------|---------------|------------------------------|
| Indicate spe                | ecific major menu i                   | tems if foo | d is prep | ared and   | served, or  | menu changes  | in the past year.            |
| Establishment               |                                       | •           | _         |            |             |               |                              |
| Show the a                  | ctual opening and                     | closing tin | nes for t | the busin  | ess. Be ex  | act!          |                              |
| Sı                          | ın:                                   | Mon:        |           | Tu         | ie:         | Wed:          |                              |
|                             | <b>u</b> ₽                            |             | Fri: _    |            | _ Sat:      |               |                              |
| Public Water  If the busine | Supply: _Yess is served by a pu       |             |           |            | _           |               |                              |
| "Smoke Free"                | Establishmen                          | t Ye        | s_No      | )          |             |               |                              |
|                             | siness set a no smok<br>rd of Health? | king policy | to prote  | ct the hea | lth of cust | omers and emp | loyees as advised by the Cas |
| Is There Off-S              | Site Catering                         | From 7      | Γhis L    | ocatio     | on? _Y      | es _No        |                              |
|                             | ProperEquip                           |             |           |            |             | ood Handlii   | ng,Transport,And             |
|                             |                                       | ·           | _         |            | ,           |               |                              |
| Signature:                  |                                       |             |           |            |             |               |                              |
| _                           | who fills out the ap                  | _           |           |            |             |               |                              |
| Print Name:                 |                                       |             |           | L          | oate:       |               |                              |
|                             | Do not wr                             | ite belo    | w this    | line. F    | or Offic    | cial Use On   | lv.                          |
|                             |                                       |             |           |            |             |               |                              |
| e Foo                       | od Handling Estal                     | blishment   |           | e          | Non F       | ood Handling  | Establishment                |
|                             | Menu Type:                            | : I         | 2         | 3          | 4           | 5             |                              |
|                             |                                       |             |           |            |             |               |                              |
|                             |                                       |             |           |            |             |               |                              |
|                             |                                       |             |           |            |             |               |                              |
| Est. ID#                    |                                       |             |           | Recei      | pt Numb     | er:           |                              |
|                             | eceived: \$                           |             |           |            |             | er:           |                              |

Cass County Health Department Food Permits 512 High St. Logansport, IN 46947-1580



# Application For Permit To Operate A Temporary Retail Food Establishment

Application is hereby made for a permit to operate a TEMPORARY food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-20, and Cass County Retail Food Establishment Ordinance 2004-01. It is further agreed that the establishment shall be open to inspection daily by agents of the Cass County Health Department. *THIS PERMIT IS NOT TRANSFERABLE!* It is issued only to the person named on the permit. You must fill out this form completely and accurately. The <u>SIGNED ORIGINAL FORM</u> and the <u>REOUIRED FEE</u> of \$20.00 per each day of the intended operation (up to a maximum of \$100.00 per event) must be returned to the Cass County Health Department NOT LESS THAN FIFTEEN (15) DAYS PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.

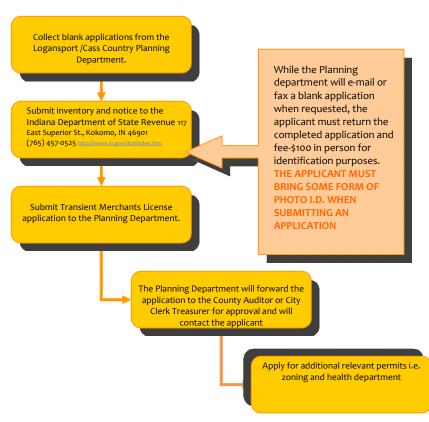
| •   | nown, or the "doing business as" name. If individual, use individual name.  |
|---|---|
| Complete Mailing Address:   |   |
|   |   |
| č č   | e business by which the vendor may be reached.  |
| Business Telephone:   |   |
|   | one responsible for the business.   |
|   |   |
| 1   | prary business. In a small business this may be the same as manager.  |
|   |   |
| The person responsible for the o  | on-site operation and is available on-site during the operation.  |
| Name Of Event:  | Date(s):  |
| Location Of Event (Directions)  |   |
| Location Of Food Preparation:   | on-site_other locationStart time of event   |
| Location Of Food Preparation:<br>If other , specify the food  | :   |
| Location Of Food Preparation:  If other, specify the food  All food served must come from   | on-siteother locationStart time of event<br>source:   |
| Location Of Food Preparation:  If other, specify the food  All food served must come from  How Will You Dispose Of Was  | on-site_ other locationStart time of event source: an inspected and approved source.  te Water?_ holding tanks_ public utility  |
| Location Of Food Preparation:  If other , specify the food  All food served must come from  How Will You Dispose Of Was  Certified Food Handler   | on-site_ other locationStart time of event source: an inspected and approved source. te Water?_ holding tanks_ public utility   |
| Location Of Food Preparation:  If other, specify the food  All food served must come from  How Will You Dispose Of Was  Certified Food Handler  (Send a copy of their certifications)   | on-site_ other locationStart time of event source: an inspected and approved source. te Water?_ holding tanks_ public utility   |
| If other, specify the food All food served must come from How Will You Dispose Of Was Certified Food Handler (Send a copy of their certifice issued)  Signature:  The person who fills out the app  | on-siteother locationStart time of event source: an inspected and approved source.  te Water? holding tanks public utility atte with this application. Without this certification, permits will not be Date:  |
| Location Of Food Preparation:  If other, specify the food All food served must come from How Will You Dispose Of Was Certified Food Handler (Send a copy of their certification issued)  Signature:  The person who fills out the app Do                | on-siteother locationStart time of event source:  |
| Location Of Food Preparation:  If other, specify the food All food served must come from How Will You Dispose Of Was Certified Food Handler (Send a copy of their certifical issued)  Signature:  The person who fills out the app Do Wendor ID Number: | on-siteother locationStart time of event source:  |
| Location Of Food Preparation:  If other, specify the food All food served must come from How Will You Dispose Of Was Certified Food Handler (Send a copy of their certifical issued)  Signature:  The person who fills out the app                      | on-siteother locationStart time of event source: n an inspected and approved source.  te Water? holding tanks public utility  ate with this application. Without this certification, permits will not be Date: lication needs to sign it.  Not Write Below This Line. For Official Use Only.  Date Filed: |

#### TRANSIENT MERCHANT LICENSE/PERMIT APPROVAL PROCESS

#### When Is A License Required?

Any person, firm or corporation who transacts any temporary or transient business in Cass County or Logansport, offering for sale goods, wares, or merchandise, requires a Transient Merchant License.

A license is not required for agricultural or craft grown/made by the seller; licensed auctioneer; A resident of Cass County/Logansport who conducts a sale of tangible personal property for no more than four days per calendar year; an organization that is exempt from the state gross retail tax; a person who: organizes; sells merchandise; offers to sell merchandise; or exhibits at a trade show, public show, or convention; and any merchant with permanent locations within the County or City, that operates a temporary sales facility in a parking lot, vacant lot, tent, building or other facility or location that is not the property of the person or entity conducting the temporary sale.



Applications Will Not Be Processed Without Having Received the License Fee. This Fee Is Non-Refundable.

#### You will need to provide:

- Your name, age, address and phone number
- The name and address of the business
- Address where the sales will take place
- A description of what is being sold
- The date the sales will start and the hours that sales will take place
- A description of the vehicle being used, license plate number and operator's driver license number
- A list of other cities you have done business in during the last year

#### What to bring with you:

- A. A Temporary Use zoning permit may be required depending on the nature of the business (Contact the Zoning Administrator, 574-753-4023)
- B. A Cass County Health Department permits may be required depending on the nature of the business

- C. County License fee of \$100.00
- D. A copy of your Indiana sales tax license
- E. A copy of your food establishment license—if you are selling food
- F. Two photographs of a size not smaller than two inches by one and a half inches.
- G. A copy of a notice which ten days before the application has been filed shall have been mailed by registered mail by the applicant to the Indiana Department of State Revenue. The said notice shall state the precise period of time and location from which said applicant intends to transact business and the approximate value of the goods, wares and merchandise to be offered for sale
- H. Surety Bond of \$750 or three times the value of the goods, wares, and merchandise to be offered for sale or sold as shown by the inventory filed, whichever sum is greater.

#### **ORDINANCE 2006-05**

N\_OI.OJ.Lu.• ANCE <u>oFfrHE COMMON COUNCIL OF THE CITY oEJ</u>
<u>NSPOR</u>, INDIANA AMENDING ORDINANCE 97-25 IN ITS ENTIRETY
ING TRANSIENT MERCHANTS IN THE CITY OF LOGANSPORT)

#### **SECTION 1: DEFINITION OF TRANSIENT MERCHANT**

Transient merchant means all persons, firms, or corporations, both as principals and agents, who engage in, do, or transact any temporary or transient business in the City of Logansport, either in one place or in traveling from door to door offering for sale or selling goods, wares, or merchandise, including those who for the purpose of carrying on such business hire, lease, or occupy any permanent or mobile building, vehicle, or structure for the exhibitions or sale of goods, wares, or merchandise.

#### **SECTION 2: LICENSING OF TRANSIENT MERCHANTS**

- (A) <u>License Required</u>. It shall be unlawful for any transient merchant to engage in or transact any business in the sale of goods, wares, or merchandise of any and every kind, character, or description *in* the City of Logansport without having first obtained a license as provided in this ordinance.
  - Each individual person, sales representative or solicitor going door to door shall have alicense in their own name and paythe \$1'6'01tJOJ[jfif1sient;1, 1Merchar\i.hfee;µ;,JJ:
- (B) <u>License Application.</u> Any transient merchant desiring to transact business in the City of Logansport shall file an application with the City Clerk-Treasurer containing the following information:
  - 1. Name of applicant.
  - 2. Permanent address and telephone number.
  - 3. Local address and telephone number, if any.
  - 4. Social Security number.
  - 5. Date and place of birth.
  - 6. Goods, wares, or merchandise to be sold.
  - 7. Name and address of employer.
  - 8. Name and address of immediate supervisor.
  - 9. Period of time the license is desired.

- (C) :license,Fee,i:; T,hefe .;for,.aJtr;cinsiEoJ.n\':merchant's licensein ;\$100.00 per day; whith shall be paid;into.the general fuhd.
- (D) <u>Issuance of License</u>. After an applicant has established that he/she has fully complied with this ordinance, the City Clerk-Treasurer shall issue a non-transferable license authorizing the applicant to transact business as proposed in the application. The license shall contain the following information:
  - 1. Name of licensee.
  - 2. Period of the license.
  - 3. The amount paid for the license
  - The date the license was issued.

### **SECTION 3: DOOR-TO-DOOR SOLICITATION**

It shall be a violation of this ordinance for any transient merchant to call upon any private residence prior to 8:00·a.m. or after 8:00 p.m. without having been previously invited upon !he premises by the owner or occupant.

### SECTION 4: THE TERMS OF THIS ORDINANCE SHALL NOT APPLY TO:

- (A) Persons who deliver previously ordered goods, wares, or merchandise.
- (B) Sales made to commercial establishments by salesmen in the usual course of their business.
- (C) Those to solicit charitable contributions on behalf of organizations exempt from tax under Internal Revenue Code Section 501 (c).
- (D) Sales at annual festivals, fairs, and similar events, provided that the activities of the transient merchant are limited to areas designated for the festival, fair, or similar event.
- **(E)** The sale of produce grown by the transient merchant.
- **(F)** The sale of goods handcrafted by the transient merchant
- (**G**) Garage sales.

### **SECTION 5: PENAL TIES**

Whoever violates the terms of this ordinance shall be fined the sum of \$150.00 with each day that a violation continues considered to be a separate offense. In addition, the City may take such civil action as provided by law, including but not limited to injunctive relief or abatement of a nuisance.

### **SECTION 6: REPEAL**

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.

### **SECTION 7: EFFECTIVE DATE**

This ordinance shall be in full force and effect from and after its passage by the Common Council and approval by the Mayor of the City of Logansport, Indiana.

INTRODUCED, FILED AND APPROVED on first reading by gravole of

| _ <i>:]</i> _ infavor and _Q opposed on the_&, day of \&JW.,\U_J^1_, 2006.  |
|---|
| <b>DULY PASSED, ORDAINED AND ADOPTED</b> this $4$ day of  |
| '::::f'1\P-1::::V\. , 2006 by the Common Council of the City of Logansport, Cass County, Indiana by a vote off in favorand _Qopposed. |
| Common Council of the City of<br>Logansport, Indiana  |
| By: <u>C<sup>1</sup>/<sub>4</sub>,/44-</u> L <sup>o</sup> ; Charles <u>Hastings</u> , President                                       |
| AP-:?ZT·<br>1,L'L.l'fert(t33/4J<br>-"Ellien Bland, Clerl<-Treasurer   |

Submitted to, approved by and signed by me, the Mayor of the City of Logansport, Indiana this 4 .... day of c),..., ,2006.

<u>Ik'(l</u> - Michael E. Fincher, Mayor

## CASS COUNTY, INDIANA APPLICATION FOR TRANSIENT MERCHANT LICENSE

## \*\* Application Must Be Made in Person \*\* \$100.00 Transient Merchant Fee

| LAST NAME  | FI                       | RST                       | MIDDLE INITIAL   |
|--|--------------------------|---------------------------|--|
| PERMANENT HOME ADDRESS   |                          |                           | PHONE  |
| LOCAL ADDRESS (from which sale                                 | s will be made)          |                           | PHONE  |
| DATE OF BIRTH  |                          | SOCIAL SECUR              | ITY NUMBER OR BUSINESS IDENTIFICATION NUMBER                   |
| PHYSICAL DESCRIPTION OF APPLI                                  | CANT:                    |                           |  |
| Height Weight  | Sex                      | Hair Color                | Race   |
| NAME OF EMPLOYER   |                          |                           |  |
| ADDRESS OF EMPLOYER  |                          |                           |  |
| DESCRIBE THE NATURE OF BUSIN                                   | NESS (structures or rea  | al estate to beused)      |  |
| DESCRIPTION OF GOODS TO BE SO                                  | DLD (samples, catalog    | ues orphotographs)        |  |
|  |                          |                           |  |
| Attached to the application a receipt shearid.                 | lowing that personal pro | perty taxes on the goods, | wares and merchandise to be offered for sale or sold have been |
| DATES BUSINESS WILL BE CONDUC                                  | TED                      |                           |  |
| HOURS BUSINESS WILL BE CONDUC                                  | CTED                     |                           |  |
| SOURCE OF SUPPLY OF THE GOODS                                  |                          |                           | ORDERS TAKEN FOR   |
| PROPOSED METHOD OF DELIVERY                                    |                          |                           |  |
| LAST THREE (3) CITIES, TOWNS O                                 | R COUNTIES WHERE         | BUSINESS WAS CO           | NDUCTED  |
| /EHICLE(S) TO BE USED FOR SALES                                | OR SOLICITATIONS         |                           |  |
| Make   | Model                    |                           | License #  |
| state of Issuance  | Color                    |                           |  |
| HAVE YOU EVER BEEN CONVICTED (<br>OTHER THAN TRAFFIC VIOLATION |                          |                           | ON OF ANY MUNICIPAL ORDINANCE,                                 |
| F YES, EXPLAIN (including jurisdiction                         | on or agency)            |                           |  |

# CASS COUNTY, INDIANA APPLICATION FOR TRANSIENT MERCHANT LICENSE Page 2

IF THE APPLICANT IS A CORPORATION STATE OF INCORPORATION DATE OF INCORPORATION IF OUTSIDE OF THE STATE OF INDIANA DATE ON WHICH THE CORPORATION QUALIFIED TO TRANSACT BUSINESS AS A FOREIGN CORPORATION IN THE STATE OF INDIANA\_ INSTRUCTIONS TO APPLICANT The City of Logansport Transient Merchants permit is required in addition to this license to transact business within the City of Logansport A zoning permit may be required depending on the nature of the business Cass County Health Department permits may be required depending on the nature of the business 3. Attach two photographs of a size not smaller than two inches by one and a half inches. Attached to the application a copy of a notice, which ten days before this application has been filed, shall have been mailed by registered mail by the applicant to the Indiana Department of State Revenue. The said notice shall state the precise period of time and location from which said applicant intends to transact business, the approximate value of the goods, wares and merchandise to be offered for sale. Display license on person at all times while engaged in selling or soliciting and when so requested by a public officer or a private person with whom the registrant is or is attempting to conduct business, produce and show such person or officer the license. FOR OFFICE USE ONLY Date Receipt # License # Yes\_\_\_\_ Identification Verified? No \_\_(One of the photographs shall be attached to the license certificate issued to Photographs attached? Yes\_\_\_\_ No the licensee and the other shall be retained in the Office of the Cass County Auditor.) Notice to the Indiana Department of State Revenue attached? Yes No Date license to expire 6mounthd from date of approval Collect application fee\_\_\_\_ \_\_\_\_(prior to approving license) Determine and collect Surety Bond\_\_\_\_ \_\_(At the time of filing, the applicant shall file and deposit with the County Auditor a bond with sureties to be approved by the County Auditor in the penal sum of \$750 or three times the value of the goods, wares, and merchandise to be offered for sale or sold as shown by the inventory filed, whichever sum is greater, running to the county) Notify zoning and health department and City of Logansport clerk treasurer if applicable I, the undersigned, declare that this application for a transient merchant license and all applicable fees has complied with all prerequisites for issuance of the license. APPROVED BY \_\_\_\_\_\_Cass County Auditor

This License expires on \_\_\_\_\_

### LICENSE APPLICATION FOR TRANSIENT MERCHANT

| I)   | NAME OF APPLICANT                       |
|------|---|
| 2)   | PERMANENT ADDRESS                       |
| 3)   | LOCAL ADDRESS                           |
| 4)   | TELEPHONE NUMBER                        |
| 5)   | SOCIAL SECURITY NUMBER                  |
| 6)   | DATE AND PLACE OF BIRTH                 |
| 7)   | GOODS, WARES, OR MERCHANDISE TO BE SOLD |
| 8)   | NAME OF EMPLOYER                        |
| 9)   | ADDRESS OF EMPLOYER                     |
| 10)  | NAME OF IMMEDIATE SUPERVISOR            |
| I !) | ADDRESS OF IMMEDIATE SUPERVISOR         |
| 12)  | PERIOD OF TIME THE LICENSE IS DESIRED   |
|      |   |

LICENSE FEE IS \$100.00 PER DAY PER PERSON

\*\*\*\*\*TAKE COPY OF DRIVER'S LICENSE

### MISCELLANEOUS PERMITS

### Change of Occupants:

A new Certificate of Occupancy is required when there is a change in the tenant or use of the building, even if there is no construction. This applies to both residential and non-residential buildings, but does not apply to multiple family (apartment) buildings.

#### Demolition Permit:

Required before work begins to demolish all or a portion of a structure (final inspection also serves as notification to remove the structure from the tax rolls).

### Temporary Use Permit:

Required to conduct uses such as a carnival or fair.

### **Home Occupation Permit:**

Required to conduct a home based business

### Signage Permit:

Required to install signage

### Mobile Home permit:

This permit is from moving transferring title of a mobile home. Permitting is through County Treasurer's Office. If destroying, contact County Assessor's Office.

### Floodplain Analysis & Regulatory Assessment (FARA)

This assessment is through the DNR to determine your elevations for floodplain determination.

### Permits through City Clerk Treasurer's Office

- Entertainment License
- Taxi Service Registration
- Restaurant Business License
  - o License and fee requirements are located in the City Clerk Treasurer's Office. No application required.

Logansport/Cass County/Walton Planning Department

200 Court Park, Room 306 Logansport, IN 46947 Ph: 574-753-7775

Fax: 574-753-7401

### **Application for CHANGE OF OCCUPANCY**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

| APPLICANT INFORMATION  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| Telephone Number:  |  |  |  |  |  |
| OWNER INFORMATION (if different fr                                       | rom applicant information)                             |  |  |  |  |
| Owner's Name: Address:   |  |  |  |  |  |
| m 1 1 3 7 1  |  |  |  |  |  |
| RESPESENTATIVE INFORMATION (i  | f different from applicant information)                |  |  |  |  |
| A ddmagg.  |  |  |  |  |  |
| Telephone Number:  |  |  |  |  |  |
| Address or Location:   |  |  |  |  |  |
| <b>Existing Zoning Classification of Property</b>                        | y:   |  |  |  |  |
| Existing Use:  |  |  |  |  |  |
| Proposed Use:  |  |  |  |  |  |
| Health Dept. Permit Number (if applicab                                  | le):   |  |  |  |  |
| By my signature, I acknowledge the above i belief, are true and correct. | information and attached exhibits, to my knowledge and |  |  |  |  |
| Applicant's Signature: (If signed by representative                      | Date:  |  |  |  |  |
| To be completed by Disaries Descrit                                      | 4.   |  |  |  |  |
| To be completed by Planning Department                                   |  |  |  |  |  |
|  | Receipt #:   |  |  |  |  |
| Approvar Signature.  | Date:  |  |  |  |  |
|  |  |  |  |  |  |

### LOGANSPORT/CASS COUNTY/WALTON DEMOLITION 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 Ov  | wner Information           |                   |                       | *         | ALL II     | NFORMATI        | ION PROVIDED WIL | L BECOM  | ME PUBLIC RECORD |
|--|----------------------------|-------------------|-----------------------|-----------|------------|-----------------|------------------|----------|------------------|
| Name:  |                            |                   |                       |           | Phone #    | <i>‡</i> :      |                  |          |                  |
| Address:   | Address: Email:            |                   |                       |           |            |                 |                  |          |                  |
| City:  |                            |                   | ,                     | State:    |            |                 | Zip Code:        |          |                  |
| Description  | of Building/Struc          | ture to be [      | Demolished            |           |            |                 |                  |          |                  |
| Address of Dem   | nolition:                  |                   |                       |           |            |                 | Township:        |          |                  |
| Number and Ty  | pe of Structures to be De  | emolished:        |                       |           |            |                 | Parcel #:        |          |                  |
| Type of Use:   | Commercial/Ind             | ustrial ( )       | Residential           | ( )       |            | Agricultural (  |                  |          |                  |
|  |                            |                   |                       |           |            |                 |                  |          |                  |
| End Result afte  | r Demolition is Complete   | (grass, gravel,   | etc):                 |           |            |                 |                  |          |                  |
| Additional I   | Project Informatio         | n                 |                       |           |            |                 |                  |          |                  |
| Estimated Cost:  | :                          |                   | Estimated Cor         | mpleti    | on Date    | :               |                  |          |                  |
| Contractor's Na  | me:                        |                   |                       |           | Phone #    | <b>#</b> :      |                  |          |                  |
| The unders   | igned hereby cert          | ifies the fol     | llowing:              |           |            |                 |                  |          |                  |
| 1.) That all cons  | stuction requested by this | application wil   | I comply with all Cit | ty, Sta   | ate and I  | ederal regulati | tions.           |          |                  |
| 2.) That the com   | pleted project will confor | m to the site pla | an and application p  | resen     | ited or le | egal action may | be taken.        |          |                  |
| 3.) That inspect   | ions are required once d   | emolition if com  | plete.                |           |            |                 |                  |          |                  |
| 4.) That all infor   | mation in this application | is true and accu  | urate.                |           |            |                 |                  |          |                  |
| Signature of Ap  | plicant / Representative:  |                   |                       |           |            |                 |                  |          |                  |
| Please Print Na  | Please Print Name: Date    |                   |                       |           |            |                 |                  |          |                  |
|  | CALL 2 DAY                 | 'S BEFORE YO      | OU DIG: 811 or 1-80   | 00-38     | 2-5544     | Tracking #      |                  | Date     | y:               |
|  | TO BE COM                  | MPLETED BY        | THE COMMUN            | ITY [     | DEVEL      | OPMENT & F      | PLANNING DEPARTM | ENT STAF | F                |
| Zoning Class Does the project conform to this zoning class |                            |                   | ngclassi              | fication? | Yes        |                 | No               |          |                  |
| Flood Zone Elevation Certificate Required? Yes No          |                            |                   |                       |           |            |                 |                  |          |                  |
| Is a confined feed operation within 1320 feet?             |                            |                   |                       |           |            |                 |                  |          |                  |
| Within an Overl  | ay District?               | Airport           | Downtown              |           | Front D    | oor             | Riverfront       |          | Grissom          |
| Approved:  | Denied:                    | Date:             |                       | Signat    | ture:      |                 |                  |          |                  |
| NOTES:   |                            |                   |                       |           |            |                 |                  |          |                  |
| Building Permit Fee: ILP Permit Fee:                       |                            |                   |                       |           |            |                 |                  |          |                  |
| Total Permit Fe  | e:                         | ILP#:             |                       |           | •          | Receipt #:      |                  |          |                  |

Logansport/Cass County/Walton Planning Department

200 Court Park, Room 306 Logansport, IN 46947 Ph: 574-753-7775

Fax: 574-753-7401

# **Application for TEMPORARY USE** (Section 503)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

| APPLICANT INFORMATION  | N  |
|--|--|
| Applicant's Name: Address:                                   |  |
| Telephone Number:  |  |
|  | different from applicant information)                            |
| Address:   |  |
|  |  |
|  | IATION (if different from applicant information)                 |
| Address:   |  |
| Telephone Number:  |  |
|  | of Property:   |
| Proposed Temporary Use:                                      |  |
| Duration of Use:   |  |
|  |  |
| Health Dept. Permit Number (                                 | if applicable):  |
| By my signature, I acknowledge belief, are true and correct. | the above information and attached exhibits, to my knowledge and |
| Applicant's Signature:                                       | Date:  |
| (If signed by  | y representative for applicant, state capacity)                  |
|  |  |
|  |  |
| To be completed by Planning I                                | •  |
| Fee:   |  |
| Approval Signature:  | Date:  |

| Applicant | Approved |
|-----------|----------|

### AGREEMENT FOR MAJOR HOME OCCUPATION PERMIT

A home occupation is a business or activity for financial gain carried on by an occupant at his or her place of residence.

Major home occupations may be approved by the Zoning Administrator when it is determined that following standards are met:

- 1. The home occupation is incidental and subordinate to the residential use of the premises.
- 2. The home occupation shall be carried on by a resident of the premises with no more than three (3) employees not residing on the premises.
- 3. There shall be no more than one separate home occupation per premises.
- 4. The home occupation may be conducted in the dwelling unit or in an accessory building. The home occupation shall not exceed 50% of the floor area of the principal building.
- 5. There shall be minimal exterior indication of the home occupation or variations from the residential character of the premises.
- 6. Any sales or displays of articles produced on or off the premises shall be effectively screened from the adjoining properties and road.
- 7. No more than five (5) vehicles and/or pieces of equipment shall be operated from the site or stored there overnight.
- 8. Any outdoor storage of materials, equipment or goods produced shall be effectively screened from adjoining properties and roads.
- 9. The home occupation shall not increase vehicular traffic flow and parking by any more than two (2) additional vehicles at a time, other than that of the permitted employees. Any parking generated by the home occupation shall be off-street and not in any required front yard.
- 10. No use shall creates noise, vibration, smoke, dust, electrical interference, smell, heat, glare, fire hazard, or any other hazard or nuisance to a greater or more frequent extent beyond what normally occurs from a residence.
- 11. No more than one (1) sign shall be allowed. Such sign shall be no greater than 4 square feet in size.

12. A permit for a home occupation is not transferable and a new occupancy permit must be applied for whenever there is a change in the occupation, ownership of the property, or tenants in the dwelling unit.

The applicant acknowledges that the privilege of conducting a Major Home Occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

## I have read and understand the conditions stated above and agree to abide by the terms in their entirety.

| Proposed Major Home Occupation |                    |
|--------------------------------|--------------------|
|                                |                    |
|                                |                    |
| Address of Residence           |                    |
|                                |                    |
|                                |                    |
| Occupant                       | Phone              |
|                                |                    |
|                                |                    |
| Occupant's Signature           | Date               |
|                                |                    |
|                                |                    |
| Zoning Administrator           | Date Approved      |
|                                | 2 mc 12pp. 3 - 0 a |
|                                |                    |
| Fee                            | Receipt #          |
| <del></del>                    |                    |

| Applicant | Approved |
|-----------|----------|

### AGREEMENT FOR SIMPLE HOME OCCUPATION PERMIT

Simple home occupation is a business or activity for financial gain carried on by an occupant at his or her place of residence. Home occupation may be approved by the Zoning Administrator when it is determined that following standards are met:

- 1. The home occupation is considered customary and traditional and incidental and subordinate to the residential use of the premises and not construed as a business.
- 2. The home occupation shall be carried on by a resident of the premises with no more than one employee not a resident on the premises.
- 3. There shall be no more than one (1) separate home occupation per premises.
- 4. The home occupation shall not be conducted in any accessory building and shall not occupy more than 25% of the floor area on the principal dwelling unit, except in the Agricultural District, where an accessory structure may be used provided that the home occupation not exceed 50% of the gross floor area of the principal residential structure, and that the accessory structure, if new, comply with principal structure setbacks. In no case shall both the principal structure and an accessory structure be used for the home occupation.
- 5. There shall be no exterior indication of the home occupation or variations from the residential character of the premises.
- 6. There shall be no direct sales or displays of articles other than those items produced or repaired on the premises of the home occupation.
- 7. There shall be no outdoor storage of materials or goods produced and no display of goods visible from any adjoining property line or road.
- 8. The home occupation shall not increase vehicular traffic flow and parking by any more than 1 additional vehicles at a time, other than that of the permitted employee.
- 9. Delivery of materials to or from the premises by commercial vehicles shall not exceed once per week and for a period any longer than one hour.
- 10. There shall be no use which creates noise, vibration, smoke, dust, electrical interference, smell, heat, glare, fire hazard, or any other hazard or nuisance to a greater or more frequent extent beyond what normally occurs from a residence.
- 11. No more than one (1) sign shall be allowed. Such sign shall be no greater than 2 square feet in size.
- 12. A permit for a home occupation is not transferable and a new occupancy permit must be applied for whenever there is a change in the occupation, ownership of the property, or tenants in the dwelling unit.

The applicant acknowledges that the privilege of conducting a Simple Home Occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

## I have read and understand the conditions stated above and agree to abide by the terms in their entirety.

| Proposed Simple Home Occupation |                  |
|---------------------------------|------------------|
| Address of Residence            |                  |
| rudiciss of residence           |                  |
| Occupants Name                  | Phone            |
| Occupant's Signature            | Date             |
| Zoning Administrator            | Date of Approval |
| Fee                             | Receipt #        |

| <b>Applicant</b> | Date Approved |
|------------------|---------------|

### AGREEMENT FOR COTTAGE INDUSTRY PERMIT

Cottage industries developed on parcels <u>of less than 3 acres gross site area</u> require special exception approval from the Board of Zoning Appeals.

Cottage industries developed on a <u>minimum parcel size of 3 acres gross site area</u> may be approved by the Zoning Administrator when it is determined that the following standards are met:

- 1. The cottage industry is an accessory use to a residential function that will be maintained.
- 2. The cottage industry shall be operated by at least one full-time, bona fide resident in a single-family residence of the parcel on which the proposed use is being requested. The cottage industry may employ a total of 6 persons who resides off the subject property but may not have more than 3 persons who resides off the subject property working on the site at any one time.
- 3. Not more than one (1) cottage industry shall be allowed in or on the same premise.
- 4. Any new structure constructed to accommodate the cottage industry shall be limited in scale so that it is in character with neighboring properties. In no case shall more than five thousand (5,000) square feet of total building area on the property be devoted to the cottage industry. Only those buildings or areas as specifically approved by the Zoning Administrator may be utilized in the conduct of business.
- 5. There shall be minimal exterior indication of the cottage industry or variation from the residential character of the premises.
- 6. All activity related to the conduct of the business except for the display of agricultural produce and goods shall be conducted within an enclosed structure or be sufficiently screened from view of adjacent residences and public right-of-ways. Activities shall be screened using landscaping, fencing, the retention of native vegetation, or combination thereof necessary to meet Type V bufferyard screening requirements of Section 306.
- 7. Retail sales are limited to the following: products produced or repaired on-site; items collected, traded and occasionally sold but hobbyists, such as coins, stamps, and antiques, and their accessories; incidental retail sales directly associated with the cottage industry; and internet sales.
- 8. The cottage industry shall not increase vehicular traffic flow and parking by any more than 4 additional vehicles at a time, other than those of the permitted employees.
- 9. Any business requiring customers to visit the site shall provide adequate on-site parking spaces, in addition to one (1) for each full-time equivalent employee who reside off the subject property, and two (2) for the owners of the property. Any parking generated by the use shall be provided off-street and not in any required from yard.
- 10. Cottage industries shall be limited in their hours of operation. No on-site customer service or business shall be conducted before 8:00am or after 8:00pm, Monday through Friday, and before 9:00am or after 6:00pm, Saturday and Sunday.

- 11. No more than 3 commercial vehicles shall be operated from the site or stored there overnight.
- 12. No use shall be made of equipment of material which produces unreasonable vibration, noise, dust, smoke, odor, or electrical interference to the detriment of the quiet use and enjoyment of adjoining and surrounding property.
- 13. No more than one non-illuminated sign no greater than 12 square feet is allowed.

The applicant acknowledges that the privilege of conducting a <u>Cottage Industry</u>, home occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

### I have read and understand the conditions stated above and agree to abide by these terms in their entirety.

| Proposed Cottage Industry |                  |
|---------------------------|------------------|
| Address of Residence      |                  |
| Occupant                  | Phone            |
| Occupant's Signature      | Date             |
| Zoning Administrator      | Date of Approval |
| Fee                       | Receipt #        |

Logansport/Cass County/Walton Planning Department 200 Court Park, Room 306 Logansport, IN 46947

Ph: 574-753-7775 Fax: 574-753-7401

| FOR OFFICE USE ONLY:    |  |
|-------------------------|--|
| ILP Number:             |  |
| Date Application Filed: |  |
|                         |  |

## SIGN PERMIT APPLICATION (Section 505)

This application should be accompanied by the following supporting documentation:

- Site Plan showing location of existing & proposed signs, landscaping, etc.)
- Samples of swatches, paint colors and/or materials to be used
- Photographs of site and adjacent buildings
- A landscape plan showing all existing and proposed elements (if applicable)
- Proposed lighting

### APPLICANT INFORMATION

| Applicant's Name: Address:                  |                   |
|---|-------------------|
| Telephone Number:                           |                   |
| OWNER INFORMATION (if different from app    |                   |
| A 11  |                   |
|   |                   |
| RESPESENTATIVE INFORMATION (if different    |                   |
| Representative: Address:                    |                   |
| Telephone Number:                           |                   |
| Zoning Classification of Property:          | Property Use:     |
| Address or common description of property:  |                   |
| Parcel Number:                              |                   |
| Overlay District (if applicable):           |                   |
| Location of Existing Signs (if applicable): |                   |
| Number:                                     | Type(s):          |
| Square feet per sign:                       | Total square Feet |
| Location of Proposed Signs:                 |                   |

| Sign Type:                    |                         |  |
|-------------------------------|-------------------------|--|
| Building Mounted/Wall:        | _ Freestanding Pole: _  | Monument:  |
| Off-Premise: Drive-U          | Jp: Sidewalk:           | _ Electronic Message Center:                                   |
| Temporary:                    |                         |  |
| Illuminated:                  |                         |  |
| YESNO                         |                         |  |
| Size of Sign(s):              |                         |  |
| Width: Height                 | : Depth: _              | Total square feet:   |
| Materials/Style:              |                         |  |
| Size of light fixtures (L x W | x H):Style (incl        | Number proposed:<br>Height from grade:<br>ude specifications): |
| Landscaping (if applicable):  |                         |  |
| Location of landscape areas:  |                         |  |
| Proposed landscape material:  |                         |  |
|                               | above information and a | ttached exhibits, to my knowledge and                          |
| belief, are true and correct. |                         |  |
| belief, are true and correct. |                         |  |

### MOBILE HOME PERMIT State Form 7878 (R2 / 10 08) Prescribed by the Department of Local Government Finance

### OFFICIAL FORMS ARE LOCATED IN THE COUNTY TREASURERS OFFICE. ONLY OFFICIAL FORMS WILL BEACCEPTED.

INSTRUCTIONS:

- 1. A mobile home may not be moved from one location to another unless the owner or the occupier obtains a permit to move the mobile home from the county treasurer. (I.C. 6-1.1-7-10)
- 2. The Bureau of Motor Vehicles may not transfer the title to a mobile home unless the owner obtains a permit to transfer the tJI/e from the county treasurer. (/.C. 6-1.1-7-10)
- 3. A county treasurer shall issue a permit which is required to either move, or transfer the title to a mobile home if the taxes due on the mobile home have been paid. The permit shall state the date it is issued, (J.C. 6-1.1-7-10)
- 4. Mobile home cannot be moved inore than one month after the date of issuance of this permit. (I.C. 6-1.1-7-11)
- 5. Mobile home owner who sells the mobile home to another shall provide the purchaser with the permit required before the sale :s consummated. (J.C. 6-1.1-7-10.4) A person who violates this commits a Class C infraction. (J.C. 6-1.1-7-14)
- 6. Mobile home owner must present a copy of this permit to the Bureau of Motor Vehicles when applying for title transfer. If the mobile home is to be moved, a second permit must be requested by the new owner prior to moving.

#### ATTENTION: MOVER, HAULER, OR TOWER

A person who is engaged to move a mobile home may not provide that service unless the owner or occupier presents him with a pennit to move the mobile home and the permit is dated not more than one (1) month before the date of the proposed move. The mover shall retain possession of the permit while the mobile home is in transit.

| Type of mobile home permit:   | For Moving                   | D Tra               | nsferring Title |   |               |                           |  |
|---|------------------------------|---------------------|-----------------|---|---------------|---------------------------|--|
|   |                              | MOVING              | 3 PERMIT        |   |               |                           |  |
| Moving permit for:  | <b>)</b> Owner               | D Occ               |                 | Date of Issuance of permit (month, day. |               | ear) Vold after one month |  |
| Name of owner or occupier   |                              |                     |                 |   |               |                           |  |
| Address (number and street, city, stat                                    | te, end ZIP code)            |                     |                 |   |               |                           |  |
| Make of mobile home   | Year                         |                     | Dimension       |   | Serial number |                           |  |
| Address of present location (city, town                                   | nship, county, state)        |                     |                 |   |               |                           |  |
| New location (city, township, county, st                                  | ate)                         |                     |                 |   |               |                           |  |
|   |                              |                     |                 |   |               |                           |  |
| Name of owner   |                              | TITLE TRANS         | SFER PERMIT     |   |               |                           |  |
| Name of owner   |                              |                     |                 |   |               |                           |  |
| Address (number and street, city, state,                                  | and ZIP code)                |                     |                 |   |               |                           |  |
| MBke of mobile home   | Year                         |                     | Dimension       |   | Serial number |                           |  |
| Name of purchaser   |                              |                     |                 |   |               |                           |  |
| Address (number and street, city, state                                   | e, and ZIP code)             |                     |                 |   |               |                           |  |
| Purchaser is moving mobile home to:                                       | New location (city, towns    | hip, county, state) |                 |   |               |                           |  |
| D New localion D Same   |                              |                     |                 |   |               |                           |  |
|   | CO                           | UNTY TREASURE       | R'S CERTIFICA   | ATION                                   |               |                           |  |
| The application to move or transfer certify that all taxes due on the mol | title (as indicated above) o | of above described  | mobile home h   | as been reviewed with the               |               |                           |  |
| Signature of County Treasurer   | ·                            |                     | County          |   |               | gned (month, day, year)   |  |
|   |                              |                     |                 |   |               |                           |  |



Phone: (317) 232-4160

## Request for Floodplain Analysis and Regulatory Assessment (No Fee Is Required For This Assessment)

This is Not an Application for a Permit

### Individual citizens should use this form for floodplain information requests such as:

- Flood Insurance determinations required by a mortgage lender
- Permit requirements for construction of a proposed structure or obstruction in a floodway (examples: fence, building, fill, excavation, pond, bridge, culvert, bank protection)
- Requirements for construction of a house or placement of a manufactured home

| 1. | Type of request (Check All That Apply):  ☐ Flood Insurance Determination ☐ 100-Year Flood Elevation Determination (Base Flood Elevation Determination) ☐ Information for a LOMA (Letter of Map Amendment)/LOMR (Letter of Map Revision) ☐ Floodway Determination ☐ Residential Structure ☐ Existing ☐ Replacement ☐ Prop ☐ Non-Residential Structure ☐ Existing ☐ Proposed, describe ☐ Addition to a Building ☐ Residential ☐ Non-Residential ☐ Bridge or Culvert ☐ New ☐ Replacement ☐ Rehated | osed                                  |
|----|---|---------------------------------------|
|    | oodplain assessments require accurate site location information that you must pailure to submit complete information may result in a lengthy delay.   | rovide with your request.             |
| 2  | Site Location: Section, Township N / S, Range E / W; Grant No.  | 0                                     |
|    | Site Address, City  |                                       |
|    | County, Nearest Stream / Water Body   |                                       |
| 3. | <ul> <li>Site Map / Description:</li> <li>The following location or map information must be submitted in order to process your requested.</li> <li>For all flood insurance determinations, use map type 3a (where applicable) and 3b.</li> <li>For sites in urban areas use map type 3a, 3b, or 3d. See examples on page 2.</li> <li>For sites in rural areas use map type 3b, 3c, or 3d. See examples on page 2.</li> </ul>  |                                       |
| 4. | Contact Person: Name  |                                       |
|    | Address, City   | , State, Zip                          |
|    | Telephone (, Fax (, Email   |                                       |
|    | Signature   | , Date                                |
| Si | Indiana Department of Natural Resources Division of Water Attention: Technical Services Section 402 West Washington St., Room W264 Indianapolis, IN 46204-2641  Processing may require 4 to 6 weeks.  Contact a Division of Water Technical Services Representative if you need help completing this form.  | Agency Use Only  FARA No  CSC Initial |

Fax: (317) 233-4579

Toll Free: (877) 928-3755

Email: water\_inquiry@dnr.state.in.us

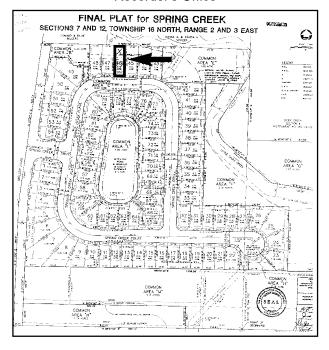
Date Stamp

### Request for Floodplain Analysis and Regulatory Assessment Site Map/Description Instructions and General Guidelines

Before the Division of Water can evaluate your request, an accurate site location map must be submitted. Examples of acceptable maps are shown below. All maps must include a scale and a north arrow.

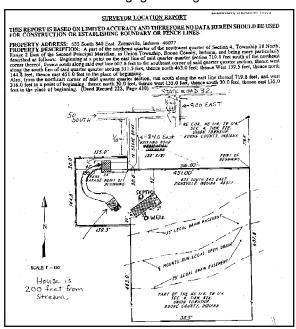
### 3a) Subdivision Plat with Lot # marked

This information may be obtained from the County Recorder's Office



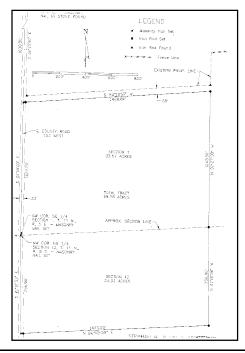
### 3b) Surveyor Location Report (mortgage survey) and Legal Description

This information may be filed with documents received at the mortgage closing



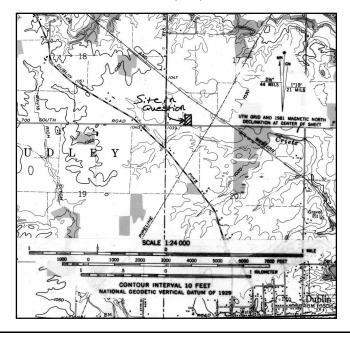
### 3c) A copy of the Property Survey

This information may be obtained from the County Recorder's Office



### 3d) A copy of the USGS topographical survey map with site location marked

This information may be obtained from DNR Map Sales Office Phone: (317) 232-4180



### ORDINANCE 81-.17

AN ORDINANCE AMENDING ORDINANCE 74-30 BY REPEALING SECTION 3-21, MECHANICAL AMUSEMENT DEVISES AND SECTION 3-22 MUSIC MACHINES AND ENACTING A NEW AMUSEMENT MACHINE ORDINANCE

WHEREAS, the City of Logansport, through the Common Council and a special Ad Hoc Committee, did cause to be studied the present and existing Ordinance of the City of Logansport pertaining to the mechanical amusement devises and music machines, and the licensing thereof; 8nd

WHEREAS, it is the unanimous recommendation of the special Ad Hoc Committee, Common Council of the City of Logansport, that the existing Ordinance 74-30, Section 3-21 and 3-22 pertaining to mechanical affiusement devises and music machines respectively be repealed and a new section be inserted; and

WHEREAS, said recommendation of the special Ad Hoc Committee on amusement machine devises has been duly considered:

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL of the City of Logansport as follows:

<u>Section One.</u> Ordinance 74-30, Section 3-21, Mechanical Amusement Devises, passed January 30, 1942, and known as Ordinance Number 1006, at Volume Three, Page 91, is hereby repe.aled and of no force and effect.

Section Two. That Ordinance 74-30, Section 3-22, Music Machines, passed December 31, 1940, and known as Oridnance Number 981, Volume Three, Page 337, is hereby repealed and of no force and effect.

That in the place of Section 3-21 and 3-22, there is hereby enacted the following:

### ARTICLE III

### AMUSEMENT MACHINES

<u>Section 3-21.</u> (a) <u>Definitions.</u> Whenever used in this article, the following words or phrases shall be defined as **herein stated:** 

- (1) Amusement Machine eans any machine or device which is (\_ operated by coin or token primarily for music or aniusement pur-
- poses that is not a machine or device used exclusively for the
  vending of merchandise of a tangible nature.
  - (2) Owner means a persol<sub>1</sub>, corporation or entity who owns, sells, leases or rents any amusement machine, whether on his own behalf or for/to another, within the city.

  - \*

*∶V.* 7\( :

- (b) <u>Licenses Required</u>.
- (1) Amusement machine license. It shall be unlawful for any owner to display, exhibit or expose or permit to be displayed, exposed or exhibited any amusement machi e without having procured from the City Clerk/Treasurer a license for each amusement machine.
- f (2) Owner's license. It shall be unlawful for any person, corporation, or entity to act as a owner without a owner's license issued by the City Clerk/Treasurer. An owner's license shall not be transferable, without the consent of the City Clerk/Treasurer.
  - (c) <u>Application or License.</u> The application for an amusement machine license or owner's license shall be made in such form and contain such information as the City Clerk/ Treasurer may prescribe.
  - (d) Investigf!tion, Rejection, Notification. The C]erk/TreasurAr., before issuing a license, shall investigate the character of the applicant or applicants, and the officers or general manager of the business. Each license shall have an an owner, manager or resident agent who shall be a resident of Cass County, Indiana. The license may be denied if the Clerk/ Treasurer shall find that any of the persons named in the application have previously been convicted of a felony, connected with any amusement location where the license has been revoked, or where any of the provisions of the law, applicable to him, have been violated, or if the amusement location sought to be licensed does not comply in every¹way with the ordinances and laws applicable thereto. If an application is denied, the applicant for such permit shall be

notified in writing of the reasons for rejection and shall have  ${\bf r}$  the right to appeal in accord with Paragraph (I).

(e) <u>License term; fees; insignia; condition of machines.</u>

The annual license fee shall be for the period of February 1st to <u>January 31st, and Shall be determined as follows:</u>

Amusement machine license, per machine per annum .}f'- \$10.00

Owner.'s license, per annum 500.00,

Each person, upon procuring a license from the Clerk/Treasurer, shall be given one metal or plastic insignia for each amusement machine so licensed, which shall be securely attached thereto, and each amusement machine shall be kept in good operating condition at all times.

- (f) Operations. All amusement locations shall be kept in a clean, well-lite, healthful and sanitary condition at all times and the Clerk/Treasurer shall have the power to determine if such room or rooms are kept in sanitary condition and for such purpose, when desired, have the assistance of the Cass County Board of Health. If said Clerk/Treasurer shall determine that an unsanitary condition exists within an amusement location, he shall have the power to suspend the license for such premises until such unsanitary condition is rectified.
- (g) <u>Unlawful acts.</u> Whenever used in this article, the following acts shall be deemed to be unlawful as herein stated:
- (1) It shall be unlawful to own or operate an amusement machine without an amusement machine license issued by the City Clerk/Treasurer.
- (2) No person shall be permitted to be pres.ent in an amusement location either while required by law to be in attendance at a public or private school, or after the hours established by State statute or City Ordinance for juvenile curfew unless accompanied by a parent or legal guardian.

- (h) Inspections; report of violations. It shall be the duty of every police officer, and all peisons designated by the chief of police and City Clerk/Treasurer, to ffiake frequent inspections of all such amusement machines, and amusement locations and if any gaming, improper or unlawful practices are observed in the use thereof, to report the same to the Chief of Police for proper action and also to the City Clerk/Treasurer, who thereupon may revoke such licenses without notice, upon satisfactory proof thereof.
- (i) If any license application is denied or license revoked, the applicant or licensee, within 30 days of such denial, or revocation may petition the Common Council for a hearing to determine if such denial or revocation was just. The Common Council's decision shall be final.
- Any person, firm or corporation violating any of the provisions of this Section, upon conviction, shall be fined in any sum not to exceed Five Hundred (\$500.00) Dollars for each separate violation.

The owning, operating, exhibiting, displaying or giving space to each amusement machine not licensed as herein provided shall be deemed a separate violation of this Section.

Each day any persona, firm or corporation shall violate any of the provisions of this Section shall constitute a separate violation.

This Ordinance amending Ordinance 74-30, Article 3, shall be in full force and effect from and after its passage and public notice pursuant to statute.

Passed by the Common Council, City of Logansport, this day of December, 1981.

ATTEST:

Presented by me to the Mayor of the City of Logansport, this  $::I.f!^{r/l}$  day of December, 1981.

K,fr

Approved by me this

day of December, 1981.

<u>Jt</u>
<u>Mi\_xfuR: CITY</u> OF LOGANSPORT.

## Application for License for Music/Amusement Machine 2013

### To: CITY-CLERK TREASURER OF CITY OF LOGANSPORT, INDIANA

No. of machines owned/operated in Logansport \_

Application is hereby made for license to own, operate, exhibit, display or giw space to a music/amusement machine for public patronage, such music/amusement machine to be operated mechanically, manually, or electrically, and in which coins or token arc used.

| Name/address of owner of such music/anrnscment machine,  |   |
|--|---|
| We are familiar with Ordinance 81-27 of the City of Logansport, Indiana, un requested and agree to notify the City-Clerk Treasurer of said City in the event machine is changed from the address herein given, and to furnish the description and replacing same.  | such music/amusement  |
| We understand that not more than one license shall be in effect for said place her time for which such license is issued.  | ein described during the  |
| We agree that if for any reason the owner of the music/amusement machine I replacement thereof, shall be unable to furnish a suitable and satisfactot)' music/amu place, upon proof thereof being made to said City-Clerk Treasurer of said City, such We agree to comply with all State Laws and City Ordinances affecting said place of agree that if during the period for which license is issued said City-Clerk Treas determine that it shall be for the public welfare of the City of Logansport not to I machine in said place herein described, that such license may be revoked without Treasurer. | assement machine for such<br>license may be revoked.<br>If business and we further<br>surc:r shall in his opinion<br>have a music/amusement |
| OWNER OF MUSIC/ AMUSEMENT MACHINE HEREIN DESCRIBED   | DATE  |
| I recommend the issuance of a license upon this application thisday of   |   |
| APPROVED by me this day of   |   |
| CITY-CLERK TREASURER OF THI, CITY OF L   | .OGANS/'0111'   |

| <b>Machine Owner</b> |  |
|----------------------|--|
|                      |  |

| Name of Machine | Serial ff | Location |
|-----------------|-----------|----------|
| I.              |           |          |
| 2.              |           |          |
| 3.              |           |          |
| 4.              |           |          |
| 5.              |           |          |
| 6.              |           |          |
| 7.              |           |          |
| 8.              |           |          |
| 9.              |           |          |
| 10.             |           |          |
| 11.             |           |          |
| 12.             |           |          |
| 13.             |           |          |
| 14.             |           |          |
| 15.             |           |          |
| 16.             |           |          |
| 17.             |           |          |
| 18.             |           |          |
| 19.             |           |          |
| 20.             |           |          |
| 21.             |           |          |
| 22.             |           |          |
| 23.             |           |          |
| 24.             |           |          |

(Copy as needed for additional machines)

### ORDINANCE 2009-17

AN ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF LOGANSPORT, INDIANA AMENDING ORDINANCE 2005-38 IN ITS ENTIRETY WHICH IS THE ISSUANCE OF TAXICAB/LIMOUSINE LICENSE FOR HIRE IN THE CITY OF LOGANSPORT

**WHEREAS**, the City of Logansport is a municipal corporation that was incorporated under the laws of the State of Indiana on February 17, 1838; and

WHEREAS, the City of Logansport has permitted the use of taxicabs for a number of years; and

WHEREAS, the Logansport Common Council must authorize any changes through an ordinance; and

**WHEREAS**, the common council feels it is now necessary to update the rules and regulations of vehicles for hire passed December 5, 2005; and

**WHEREAS**, the common council feels these changes are necessary for the purpose of preventing the unsafe operation of public vehicles for hire; and

**WHEREAS**, for the purpose of preventing unconscionable pricing and customer practices in the operation of public vehicles for hire; and

WHEREAS, this chapter is authorized by IC 36-9-2-4 and other provisions of the Indiana Code.

**NOW**, THEREFORE, BE IT ORDAINED by the Common council of the City of Logansport, Indiana that:

SECTION 1: TAXICABS/LIMOUSINE

License required,

- (a) Every public service automobile operated in the city shall be known as a taxicab or a public vehicle for hire, which terms are hereinafter defined, and before such public service automobile is used or offered for use for the purpose of hauling people for hire, its owner and operator shall register with the city clerk-treasurer of the City of Logansport, pay an annual license fee to said city, and file with the city clerk-treasurer an indemnity bond duly approved by the mayor of the city, or a policy contract of insurance, and obtain a license from the clerk-treasurer of said city, all as hereinafter provided.
- (b) As used in this chapter, and except as provided in subsection (c) *of* this section, *public vehicle for hire* means a motor vehicle that:
  - (1) Is a passenger vehicle;
  - (2) Is designed and constructed to accommodate and transport not more than fifteen (15) passengers, including the driver; and
  - (3) Is used or offered for use to transport a passenger for a fare.

- (c) As used in this chapter, *public vehicle for hire* includes, but is not limited to:
  - (1) Vans;
  - (2) Minivans;
  - (3) Station Wagons;
  - (4) Buses;

Provided that such motor vehicles meet the requirements of subsection (a) of this section.

- (d) As used in this chapter, public vehicle for hire does not include:
  - School buses;
  - (2) Vehicles used or operated under the control of the United States, the State of Indiana or any political subdivision of the State of Indiana;
  - (3) Vehicles used for ride-sharing programs on a nonprofit basis;
  - (4) Vehicles used for commuter services operated by an employer for the exclusive use of its employees;
  - (5) Vehicles certified as ambulances under IC 16-31;
  - (6) Vehicles used for persons with a mental or physical disability or illness, older adults, or persons who require non-emergency medical treatment and that are operating under a certificate or permit of public convenience and necessity issued by the Indiana Department of State Revenue;
  - (7) Vehicles which are the subject of cost sharing arrangements between passengers and drivers, which arrangements are not designed to generate a profit.

### **LIMOUSINE**

As used in this chapter, *limousine* means a public vehicle for hire which has not been licensed as **a** taxicab.

#### **TAXICAB**

As used in this chapter, *taxicab* means a *public vehicle for hire* which transports passengers for a fare, which fare is determined, in whole or part, by *a* measurement, to be made during the trip, of the distance over which the passenger is transported.

### **OWNER**

As used in this chapter, *owner* means the person whose residence determines the county in which a vehicle must be registered pursuant to IC 9-18-2-15.

### PERSON

As used in this chapter, *person* means natural person, corporation, partnership, limited partnership, association or any other entity with the power to sue and be sued.

### **CENTRAL OFFICE**

As used in this chapter, *central office* means the physical location, having a street address, from which a public vehicle for hire operates, at which street address an applicant or licensee will receive all mail sent by the United States Postal Service. Business location must be in compliance with Logansport Zoning Regulations.

### VIOLATION OF LAW

As used in this chapter,  $violation \ of \ law$  means commission of a ielony, misdemeanor, infraction or ordinance violation, without regard to whether the violation is characterized as criminal or civil in nature.

### SECTION 2: OPERATOR LICENSES

Operator Licensure.

No person shall transport or offer to transport a passenger for a fare in any public vehicle for hire without a license to operate a public vehicle for hire.

### Eligibility.

- (a) To be eligible for a license to operate a public vehicle for hire, a person:
  - (1) Must possess a public passenger chauffeur or commercial driver's license issued by the State of Indiana;
  - (2) Must not have been convicted of a felony within the period of five (5) years immediately preceding the date of the filing of the application;
  - (3) Must not have been convicted of drunk driving within the period of ten (10) years immediately preceding the date of the filing of the application;
  - (4) Must not have two (2) or more convictions at any time of drunk driving;
  - (5) Either:
    - a) Must not have been convicted at any time of:
      - 1) A felony or misdemeanor that involved violence towards another person;
      - Drugged driving;
      - 3) Being an habitual trafficoffender; or
      - 4) Being an habitual substance offender; or
    - Must have had a valid City of Logansport taxicab operator's license on the effective date of this section.

### Application.

Each applicant for a license to operate a public vehicle for hire shall provide to the clerk-treasurer the following information concerning the applicant, on an application form provided by the clerk-treasurer, signed and sworn to by the applicant:

- (1) Full name;
- (2) Residence address;
- (3) Office address;
- (4) Place of residence for the five (5) years immediately preceding the date of filing of the application, including an address or addresses in Cass County or the contiguous counties for a cumulative total of at least twelve (12) months;
- (SJ Age, race, sex, height, weight, and color of eyes and hair;
- (6) Place of birth;
- (7) Length of residence in the City of Logansport;
- (8) Last previous employment;
- (9) Whether the applicant is a citizen of the United States;
- (IO)The date of judgment, court and description of each conviction for a violation of law by the applicant;

- (II)The date of filing, court and description of each charge pending against the applicant alleging a violation of law;
- (12) All governmental entities from which the applicant has been previously licensed to operate any type of public vehicle for hire and each date and cause for which any such license was ever revoked or suspended; and
- (13) Such additional information as the clerk-treasurer deems necessary.

### Attachments to the application.

Each application shall be accompanied by:

- (1) Two (2) recent photographs of the applicant in a format prescribed by the clerk-treasurer, designed to be easily attachable to the license;
- (2) A complete set of the applicant's fingerprints in a format prescribed by the clerktreasurer;
- (3) A copy of the applicant's Indiana driving record certified with ten (10) days prior to submission of the application;
- (4) Inspection form from Logansport Police Department Traffic Officer advising that said vehicle has passed inspection;
- (5) Such additional items as is deemed necessary.

#### Fee.

The annual fee for a license to operate a public vehicle for hire shall be \$25.00 (individual driver)

Investigation of applicant.

- (a) Each applicant for *a* license to operate a public vehicle for hire shall be examined by the clerk-treasurer to guarantee quality service to customers as to:
  - (1) The applicant's qualifications;
  - (2) The applicant's knowledge of the provisions of this chapter and such other ordinances and regulations as is deemed relevant.

Pending charges of violatio11 of law.

If charges are pending in any court charging the applicant with a violation of law, the clerk-treasurer shall suspend processing of the application until those charges are resolved.

Issuance of license.

Upon completion of the examination of the applicant, and a determination by the clerk-treasurer that the applicant is eligible according to these Articles, to operate a public vehicle for hire, the clerk-treasurer shall issue to the applicant a license to operate a public vehicle for hire, in a format prescribed by the clerk-treasurer, which license shall contain the photograph and signature of the licensee, the date of issuance and expiration of the license.

### License period.

A license to operate a *public vehicle for hire* shall be valid until the renewal date for that license occurring for one (1) year. June 1" to May 31".

#### Renewal.

The annual renewal of a license to operate a *public vehicle for hire* shall be granted upon the same terms and conditions as the original license. Pending action by the clerk-treasurer on

the application for renewal, the applicant shall be permitted to operate a *public vehicle for hire* under the license issued for the previous licensing period, unless the clerk-treasurer enters an order to the contrary.

SECTION3: General Licensure Requirements for Public Vehicles

### Separate license.

A separate license shall be required for each public vehicle for hire. Each public vehicle for hire shall have one (1) license: either a limousine license or a taxicab license. In order to be licensed, every limousine and every taxicab must satisfy both:

- (1) The general licensure requirements for *public vehicle for hire*; and
- (2) The additional specific requirements imposed by the article for either limousine licenses or taxicab licenses, whichever is applicable.

### Eligibility.

To be eligible for licensure as a *public vehicle for hire*, a motor vehicle must:

- (1) Be a passenger vehicle;
- (2) Be designed and constructed to accommodate and transport not more than fifteen (15) passengers, including the driver;
- (3) Be equipped with a two-way radio to facilitate dispatching and other communication between the public vehicle for hire and the owner's central office;
- (4) Have Cass County license plates; and
- (S) Be owned by an applicant eligible to apply for a *public vehicle for hire* license.

### Eligibility; required number of taxicabs per applicant.

To be eligible to apply for a *public vehicle for hire* license, a person:

- (1) Must be the owner of the vehicle;
- (2) Must have a central office located in Cass County for the purpose of receiving calls and dispatching *public vehicle for hire* within the city; and
- (3) Must meet the zoning codes of the City of Logansport;
- (4) Must not have been convicted of a felony within the period of five (5) years immediately preceding the date of the filing of the application.

### Application.

Each applicant for a license for a *public vehicle for hire* shall provide to the clerk-treasurer the following information concerning the applicant and the vehicle, on an application form provided by the clerk-treasurer, signed and sworn to by the applicant:

- (1) The vehicle's seating capacity, name of manufacturer, model year, horsepower, vehicle identification number, certificate of title number, color and state license number;
- (2) The logo (if any) and color of the vehicle;
- (3) The applicant's full name;
- (4) TI1e applicant's central office address;
- (5) The names of all persons other than the applicant who have a financial interest in the vehicle;
- (6) All governmental entities from which the applicant has previously obtained a license for any *public vehicle for hire*, and each date and cause for which any such license was ever revoked or suspended; and

(7) Such additional information as deemed necessary.

### FINANCIAL INTEREST

As used in this section *financial interest* in a motor vehicle means any portion of any of the legal rights of ownership or any such financial interest in any partnership, corporation or other legal entity having any such financial interest in a motor vehicle. As used in this section, financial interest in a motor vehicle includes, but is not limited to, that interest held by stockholders and officers of corporations or similar business entities having a financial interest in a motor vehicle,

Attachments to the application.

Each application shall be accompanied by:

- (1) A public liability insurance policy or certificate of self-insurance for the vehicle;
- (2) A certificate of existence from the Indiana Secretary of State, if the applicant is a corporation; and
- (3) Such additional items as deemed necessary.

### Public liability insurance.

- (a) All vehicles licensed under this article must be covered by a public liability insurance policy which will indemnify anyone insured by anyone operating the vehicle. The public liability insurance shall be in any amount not less than one hundred thousand dollars (\$100,000.00) combined limit coverage for personal injury and property damage. The policy shall contain the same substantive provisions as required of common carriers under the forms prescribed by the federal highway administration at 49 C.F.R. 387.39. The policy shall remain in effect continuously until terminated, The policy shall provide that cancellation may be effected only by the insurer providing forty-five (45) days' prior written notice to the clerk-treasurer; provided, in the event of cancellation for nonpayment of premium, the cancellation may be effective *on* ten (10) days' prior written notice, such ten (10) days being measured for the clerk-treasurer's receipt of the **notice**.
- (b) The insurance requirements of this section may be satisfied by a certificate of selfinsurance, in an equivalent amount, issued by the Bureau of Motor Vehicles of the State of Indiana.

#### Fees,

(a) Before it shall he lawful for any owner or operator of a *public vehicle for hire* to operate the same, such owner or operator shall be required to pay to the clerk-treasurer of the City of Logansport for the use of said city, an annual license fee in the sum of twenty five dollars (\$25.00) for each *public vehicle for hire* having a seating capacity of five (S) persons, and thirty five dollars (\$35.00) for one having a rated seating capacity of over seven (7) persons. Said license shall show the number of such public service vehicle, the date of its issuance, the date of the expiration of the license. It shall be the duty of such owner to plainly mark in a permanent manner each vehicle covered by such license, by plainly and securely fastening in a conspicuous placed upon the side of such vehicle in letters not less than two (2) inches in height, and the lines of which shall not be less than one-quarter (1/4) inch in width, the words, "Bonded Carrier," or "Insured Carrier," followed by the number of the city license, so that all vehicles claimed to be operated under the provisions of this section may be readily identified.

(b) An inspection fee of twenty five dollars (\$25.00), payable to the clerk-treasurer of the City of Logansport, shall be added to the annual fee for each license of a *vehicle for hire* beyond the past ten and up to fourteen (10 to 14) model years and fifty dollars (\$50.00) for those beyond 15 model years for the semi-annual inspections.

### Operation and inspection,

Each owner or operator of a *public vehicle for hire* shall at all times keep such vehicle for hire in a clean, sanitary, safe, and comfortable condition and it is hereby made the duty of the chief of police or his designee, of the City of Logansport to make inspection of any *public vehicle for hire* as to its sanitary condition, lights, brakes, and general condition. The inspection form must accompany the application to the clerk-treasurer's office.

#### Removal from service.

If a licensed *public vehicle for hire* is inspected pursuant to motor vehicle requirements of IC 9.19, any taxicab certificate shall be immediately removed from the vehicle and cancelled.

### Investigation of applicant.

The clerk-treasurer shall investigate an applicant for a *public vehicle for hire* licensee. The investigation shall include:

- (1) Investigation of the facts giving rise to any violation of law and any charges alleging a violation of law pending against the applicant or any person having a financial interest I the vehicle; and
- (2) Such additional investigation as deemed necessary.

### SECTION 4: Taxicab licensure and Certification

No person shall transport *or* offer to transport a passenger for a fare, which fare is **determined**, **in whole or in part**, **by measurement**, **made during the trip**, **of the distance over** which the passenger is transported, in any pt1blic vehicle which is not licensed as a taxicab, or which does not have a current taxicab certificate.

#### Eligibility,

To be eligible for a taxicab license, a public vel1icle for hire must:

- (1) Meet the general licensure requirements *for* public vehicles for hire;
- (2) Be either:
  - a, Of the current or past ten to fourteen (10 to 14) model years; or
  - b. If beyond the past ten (10) model years but not more than fifteen (15) model years and inspected and approved annually by the city traffic officer as being fit for quality service both mechanically and aesthetically;
  - If beyond the past fifteen (15) model years and inspected and approved semiannually by the city traffic officer as being fit for quality service both mechanically and aesthetically;
- (3) Have a permanently fixed top light clearly identifying the vehicle as a taxicab,

### SECTION 5: Penalty/Revocation of license

(a) The failure of any owner or operator of any licensed *public vehicle for hire* to operate the same in accordance with the statutes of the State of Indiana, and the provisions of

- this section, shall operate as a forfeiture of the license of such owner or operator and the mayor of said City of Logansport, upon three (3) days written notice to the licensee, is hereby given full power and authority to revoke such license on proof of the violation by the licensee of said license, that he has violated in particular any of the statutes of the State of Indiana, or any of the ordinances of the City of Logansport, including this section, in the operation and control of said *public vehicle for hire*.
- (b) Should the surety of any owner's bond, as herein provided, become insolvent during the existence of any license, or should such surety withdraw from the bond or remove from the jurisdiction of Cass County, Indiana, such insolvency, withdrawal, or removal shall operate as a revocation of such license until such time as a new and sufficient bond is given and approved in lieu thereof. In case any claims are made upon the owner of said bondsman for damages growing out of the operation of the automobile herein described, then an additional bond in such sum as may be required by the mayor, not exceeding the principal sum herein, shall be filed, otherwise said license shall be suspended or revoked until such bond is filed.
- (c) Any owner or operator of *public vehicle for hire*, defined in this section, which owner or operator shall mean any person, firm, or corporation who violates any of the provisions of the subsections of this section, for first offense, shall be fined in the sum of Five hundred (\$500.00) dollars, wit costs; and each day that any person, firm, or corporation operates such vehicle, in violation of any of the terms of any of the subsections of this Ordinance shall be construed as and constitute a separate offense. Second offense shall be fined in the sum of One thousand (\$1,000.00), with costs. Third offense will be cause to have license revoked. All fines shall be remitted to the clerk-treasurer's office within ten (10) days to be placed in the General Fund.

### SECTION 6: Miscellaneous Regulations

- (a) Dispatching log. Each owner or operator of a public vehicle for hire which is licensed under this chapter shall maintain, at a location in the city, a record of all customer service transactions including the date and time of the agreement to provide service, the dates, times and locations where the customer is picked up and dropped off, the name of the operator, and the amount of the fare. Dispatching logs shall be retained for at least one (1) year by the owner or operator and shall be open to inspection on demand by the clerk-treasurer and any law enforcement agency having jurisdiction over the geographical area where the record is located.
- (b) Maintenance. The exterior and interior of all vehicles in use as *public vehicle for hire* shall be kept well painted, maintained and reasonable free from dirt.
- (c) Dress code. A person operating a *public vehicle for hire* shall at a minimum:
  - (1) Be clean and free of any body odor detectable to a reasonable passenger;
  - (2) Have all visible head and facial hair neatly trimmed and combed or brushed;
  - (3) Be dressed in clean and neat outer wear consisting of shoes and a shirt or blouse and slacks or skirt, or dress.
  - (4) No person operating a *public vehicle for hire* shall wear as outer wear thongs, sandals, shorts, trunks, tank top, body shirt, see-through clothing, swim wear or sweat clothing.
  - (5) It shall be unlawful for a person whose condition or appearance does not comply with the requirements of this section to operate a public vehicle for hire. A person's first violation of this section n a twelve (12) month period shall be subject to the enforcement procedures provided under <u>Section 5 Penalties</u>.

- (d) Display of licenses and fare schedules. Every public vehicle for hire shall display in plain view of passengers the public vehicle for hire license for that vehicle, the license for the operator of that vehicle and the fare schedule for that vehicle as filed with the clerktreasurer. It shall be unlawful to own or operate a public vehicle for hire which does not display the license and fare as required by this section. A person's first violation of this section in a twelve (12) month period shall be subject to the enforcement procedures provided under Section 5 Penalties.
- (e) Receipt. Upon request by a passenger, the driver of a public vehicle for hire shall deliver to the passenger at the time of payment a signed receipt containing the driver's name and license number, the number of the license of the public vellicie for hire, the distance or time for which the charge is made, the total amount paid, by whom the amount was paid and the date of payment.

SECTION 6: That this ordinance replaces Ordinance 2005-38 in its entirety and shall be in full force and effect from and after its final passage.

INTRODUCED, FILED ANO APPROVED on first reading by a vote of  $\_1$  in favor and  $\_.$  opposed on the -L.c - day of.  $\_/...$  .  $\_/...$  2009.

DULY PASSED, ORDAINED AND ADOPTED this .....C. 'day of  $\underline{/ \dots } \underline{f}$ , 2009, by the Common Council of the City of Logansport, Cass County, Indiana by a vote of  $\underline{\dot{f}}$  in favor and  $\underline{1}$  opposed.

Common Council of the City of Logansport, Indiana

By: q,j-,\_ Chuck LaDow, President

 $\begin{array}{c} \text{ATTST:,;,,:} :: < IJ \\ \underline{f \cdot > ' - \cdot \cdot - : \lor} \geq : 1 <, :' \end{array}$ 

Ruth Ellen'Bland, Clerk-Treasurer

.. Submit!ed to, approved by, and signed by me, the Mayor of the City of Logansport, Indiana, this ii.. : day of :\_/\_\_ i=' f.< \_1 ,2009.

Michael E. Fincher, Mayor

### TAXI OWNERJ)C:El'JSE REQUIREivftl!'JTS

### CHECKLIST FOR Ti\XI OWNERS...

- I. ANNUAL RENEWAL OF i2s 00 Pf:R VEHICLE
- 2 TAXI COLOR SPECII'ICATION NUMBER ON FII,E
- 1 CURRENT COPY OF VE!-IICI,E REGISTERED IN CASS COUNTY MUST BE ON FILE IN THE CLERK TREASURER'S OFFICE AT ALL TIMES
- ·1 SIDE AND FRONT VIEW PICTURE OF VEHICLE
- .S BUREAU OF MOTOR VEHICLES ENGLISI I CO\!PRf:HENSION TEST TAKEN I ,PON RENE\\!AL OR APPLICATION
- 6 SECRETARY OF STATE ENTITY REGISTRATION MUST !JEON FILE FOR COi',IPANY OWN!: (S
- 7 OUT-OF-SERVICE/NON-PARTICIPATION FOR\1 MUST DE COMPLETED IF VACATION OR If \[ \[ \] [\] IIICLE OUT OF SERVICE
- 8. VEHICLES LICENSED MUST !JE COVERED BY A PUBLIC I.IAIIILITY INSURANCE 1'01.ICY WHICH \vii.I, INDEMNIFY ANYONE INFJURED !JY ANYONE OPERATING THE VEHICLE IN AN AMOL:NT NOT LESS THAT SI00,000 COMBINED Lfiv1IT COVERAGE FOR PERSONAL INJI!RY AND Pfl(WFRTV nA,•IAGE
- 9 CURRENT DISPATCH LOG (MAN[FEST) AVAfLAI3LE FOR TI-IE CLERK T!\EASURER'S REVIEIV ON DEMAND (12-MONTHS OF THE LOG MUST BE AVAILABLE FOR REVIEW)
- 10 T\\10-WAY CO IMUNICf\TION DEVICEni HOUR CENTR. L DISPATCH
- 11 LICENSE D, 1'1RES JUNE 30 OF EACH YEAR

Ordinance 2009·17
Taxi Inspection List

| \ <u>Item</u>                        | What1:?J:_heck                    | Look for Common Deficiencies  Tread depth, wear, weathering, bulges, cuts in hoses, at least  |
|--------------------------------------|-----------------------------------|---|
| Tires ( no mixing of radial and bias | Condition                         | I mm of tread (Using a penny from the edge to the top of 'Lincoln's head)   |
| i <u>Horn</u>                        | j. <u>Sound</u>                   | iDoes it functioc:n   |
| 'flights                             | : Head lights<br><br>' Taillights | : secure<br>: lenses intact, working when on (Red)  |
| ı ===                                | ,<br>!-Brakelights                | Lenses intact, working when applied (Red)   |
|                                      | Turn sl_£na!s                     | Lenses intact, blink when activated {Red in back, Amber in front) Lenses intact, working when backing (White light)                   |
|                                      | B,ick up lights                   | Lenses intact, blink when activated (Red in back, Amber in  |
|                                      | Flashers license plate light      | ifront) Lenses intact, working when on (Whitelight)   |
|                                      | Operational,                      | 'Not cracked or broken, Not scratched to the degree it would impair vision. Do side windows function (go tip & down)?                 |
| Windows Wipers                       | safety Operational, condition     | Both wipers are functional when on, do blades show sign of wear?  |
| Mirrors<br>Brakes                    |                                   | .1  |
| Heating                              | Defroster<br>Heater               | i_ pedal must be solid under pressure, brake light is not on.  Must blow hot air above the dash  Must blow hot air into vehicle.      |
| Seatbelts                            | front & back B.:1ttery            | Must blow hot air into vehicle  Missing, fray d! does not sn a p s h u t c Check color indicator, terminals clean & tight, solid down |
| Under the Hood                       | ::I::.::Steeri°"a                 | secure.  Filled to level  No cuts, cracks, leaks, bulges, chaffing deterioration or nibbing   |
|                                      | Windshield washer fluid           | ' filled to lev-e-1——————   |
| 1                                    | Brake fluid                       | Filled to level  Weather checke-d, pro-perte-ns-ion (3 4-inchwhenp-ushed  |
| ;                                    | -                                 | I Excessive leaks, noise, or smoke. No exhaust leaks,   |
|                                      | _J <sup>l</sup> <u>Engjne</u>     | · <del></del>   |

| Company Name:                            | (This form must be attached to application) : Company Address: |                                  |
|--|--|----------------------------------|
| Company Name.                            | . Company Address.   |                                  |
| Person Requesting Inspection:            | Address:   | ' Title:                         |
| r croom requesting mapection.            | Address.   | i I                              |
| &  |  | ι ι<br>Plate#:                   |
| Make Model Auto:                         | [Y ar:' VIN:   | Plate#.                          |
| Insurance Provider:                      | , Insurance Number:  | <sup>1</sup> Expiration Date:    |
| ltem Inspected                           | ·-··L·   |                                  |
|  | j <u>Pass</u> ( <b>Fail j Remarks:</b>                         |                                  |
| <u>Trest_F</u>                           | <sup>1</sup>   <sup>1</sup>  -                                 |                                  |
| <u>Tires RF</u>                          | /  |                                  |
| Tires LF                                 |  |                                  |
| Tires RR                                 | <u></u>  |                                  |
| <u>!i r s Spare</u>                      |  |                                  |
| Horn                                     |  |                                  |
| Head lights                              |  |                                  |
| Brake lights                             | , , I  |                                  |
|  | ·   — — — — — — — — — — — — — — — — — —                        |                                  |
| Back u plights                           |  |                                  |
| Flashers                                 | '  |                                  |
| J.lcense plateli h_t                     | ; <del>-</del>   |                                  |
| Windshield Glass                         | i  |                                  |
| Windows                                  |  |                                  |
| Otherglass                               |  |                                  |
| Wipers                                   |  | -                                |
| Mirrors                                  |  |                                  |
| Brakes & brake fluid                     |  |                                  |
| ! Heating (Defroster)                    |  | -                                |
| ! <u>Heating</u> (Heater)                | _ <del></del>  |                                  |
| Sccecca.:cdb:::e"lt:s                    |  |                                  |
| 1 Battery                                |  |                                  |
| Power Steerin£                           | ;- <u>:</u>  |                                  |
| lio s es                                 | <u> </u>   |                                  |
| <u>Windshield washer</u> fluid           | ' <u></u> ' <u>',</u> ·  |                                  |
| , Belts                                  | ri   |                                  |
| ingme                                    | _  |                                  |
| <u> </u>                                 | <del></del>  |                                  |
| onal Comments:                           |  |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
|  | 1"-10-1"   | - I'                             |
| ispected the above identified vehicle ar | nd iind that it passed/(ailed the safety inspection acco       | ording to City Ordinance2009-17. |

Office of the Clerk Treasurer 203 E. Broadway, Room 203 Logansport, In 46947 574-753-4745

NEW RENEWAL

Fingerprinting: \$10.00 License Fee: \$25.00

## Application Limousine Owner City of Logansport

| Name of Applicate   |                         |                     |                     |                                |
|---|-------------------------|---------------------|---------------------|--------------------------------|
| Name of Business:   |                         |                     |                     |                                |
| Address of Central Office loc   | ation:                  |                     | Zip:                |                                |
| Home Addres_s:  |                         |                     |                     | Zip:                           |
| How long have you lived at the  | nis address?            |                     | Horne phone nu      | mber                           |
| If less than a year, list previou   | ıs address:             |                     | Zip                 |                                |
| Business Phone Number:  | C                       | ell Phone Number:   |                     |                                |
| Are you a citizen of the United   | States? Yes . No        | Citizen of          |                     |                                |
| Legal Statue of Business: Indi-   | vidual Proprietor       | Partnership         | Corporation         | LLC                            |
| If Corporation or LLC. list sta   | te where incorporated o | or authorized:      |                     |                                |
| Resident Agent's name:  |                         |                     |                     |                                |
| Resident Agent's Address:   |                         |                     |                     | Zip                            |
| If Corporation or Partnership, l  | ist the name and addres | ss of each owner, o | fficer, or partner: |                                |
| Name  |                         | Address             |                     |                                |
|   |                         |                     |                     |                                |
|   |                         |                     |                     |                                |
|   |                         |                     |                     |                                |
| Has the applicant, partner or any or ordinance violation other tllan a minor traffic If so, list dates: | charge:                 | -                   |                     | icted of a felony, misdemeanor |

### IF A CORPORATION OR LLC, YOU MUST BRING A CERTIFICATE OF EXISTANCE FROM THE INDIANA SECRETARY OF STATE.

| Date of Incorporation or start-up date or date of first license received by company:   |  |  |  |  |
|--|--|--|--|--|
| Specify color scheme and logo used on the vehicle:   |  |  |  |  |
| List the number of cabs owned by your company:   |  |  |  |  |
| Please indicate the charges for taxicab service foliowing:   |  |  |  |  |
| A pick-up charge for trips resulting from a telephone request:   |  |  |  |  |
| A pick-up charge for trips not resulting from a telephone request:   |  |  |  |  |
| A mileage charge measttred in one-fifth (1/5) mile:  |  |  |  |  |
| Awaiting charge  |  |  |  |  |
| An extra passenger charge:   |  |  |  |  |
| List the credit cards you accept:  |  |  |  |  |
| REPRESENTATIONS AND PROMISIES:   |  |  |  |  |
| Tile licensee and the person signing this application represent tilat:   |  |  |  |  |
| <ol> <li>neiti1er has had any license or registration to operate a business revoked or suspended; Yes_ No_</li> <li>neither is delinquent to tile City. County or State for any taxes license fees or any other indebtedness; Yes_ No</li> </ol>                       |  |  |  |  |
| and 3. The person signing this application has the authority to sign for the business being licensed. Yes No   |  |  |  |  |
| The Registrant and tile person signing th.is application agree:  |  |  |  |  |
| <ol> <li>to permit inspections of tile business and premises by public autil 0 rities acting pursuant to law; Yes_No</li> <li>to conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public; Yes No</li> </ol> |  |  |  |  |
| <ul> <li>3. to keep tile premises clean and free from any sort of rubbish or combustible or explosive materials; Yes_No_</li> <li>4. that tile business and tile premises on which tile business is conducted. will not be used for any unlawful purpose:</li> </ul>   |  |  |  |  |
| Yes_No_ 5. that each will comply with all applicable laws, ordinances. regulations, orders and decisions of public officials;  |  |  |  |  |

11,e Registrant and the person signing titis application further agree:

ordinance, regulation, order or decision is violated. Yes No

Yes\_No\_and

I. to notify the Clerk Treasurer in writing before assigning or transferring the license to any other Person:  $Yes\ No$ 

6. tilat tile license may be suspended or revoked, and tile licensee will be subject to prosecution if any applicable.

- 2. to apply in writing to the Clerk Treasurer before changing the location of the business, if Permitted, Yes\_No and.
- 3. to give the Clerk Treasurer written notice. once the business ceases to exist. Yes\_No

| application are true. |
|-----------------------|
| application are true. |
|                       |
|                       |
|                       |
| <u>Signature</u>      |
|                       |
| Name Printed          |
|                       |
|                       |
|                       |
| Date Signed           |

Office of tl1c Clerk Treasurer 203 E. Ilroadway, Room 203 Loganspon, In 46947 574.753.4745

NEW RENEWAL

### Application for.!faxiDrivc/ Limousine Driver City of Loganspon

Fingerprinting: \$10.00

\$25.00

License Fee:

| Full Name of Applicant:   |                   |  |  |  |
|---|-------------------|--|--|--|
| Name of Business you are working for:   |                   |  |  |  |
| Business Address:   | Zip:              |  |  |  |
| Your Horne Address:   | Zip:              |  |  |  |
| How long have you lived at this address?  | Home phone number |  |  |  |
| f less than a ye,ir, Jist previous address:                                     | Zip               |  |  |  |
| usiness Phone Number:Cell Phone Number:   |                   |  |  |  |
| Arc you a citizen of the United States'/ Yes No Citizen of                      |                   |  |  |  |
| Date ofBirth  |                   |  |  |  |
| Place of Birth:   |                   |  |  |  |
| Rncc:   |                   |  |  |  |
| Social Security Number:   |                   |  |  |  |
| Lisi the dmc ofjudgmen!. cou11 and description of c ch conviction               |                   |  |  |  |
| List tlic date of filing, conn and description of each charge <u>pending</u> ag |                   |  |  |  |
| Was any previous license held in other states ever revoked or susper            | nded: YesNo_,°    |  |  |  |

The Licensee and the person signing this application understand and :igree that:

I will be clean and free of any body odor detectable to a rc sonable passenger: Yes\_No\_
 I will have all visible head and foci;1l hair neatly trimmed and combed or brushed: Yes\_No\_

4. I will be dressed in clean and neat 0111cr wear consisting of shoes and a collared shirl or blouse ilnd slacks or skin,

I. I will use the shortest precticable routes on all trips: Yes No

or dress· Ycs\_No

| The undersigned affirms under penalty for perjury thm the answers, representations and information provided in this application are lrne.  |
|--|
|  |
|  |
| <u>Si1mature</u>   |
| )'Jame Printed   |
| Pale Signed  |
| <u>1 die Signed</u>  |
| The infon11ntfon requested on this application is pursuant to the requirements swt.c under Anicle 111. Operator Licenses L.cct_ion 996-23 of the "Revised Code of 11\c City of Logansport" Municipal Code. |

5. I will Not wear thongs, sandals. shons, IIUnks, tank lops, body shirt, sec-through clothing, swim wear or sweat

clothing: Yes No\_

| Company N.ame:                                 |            |                   | Company Address:  |                             |
|--|------------|-------------------|---|-----------------------------|
| Person Requesting Inspection:                  |            |                   | Address:  | Title:                      |
| Make & Model Auto:                             | Year:      | VIN:              |   | Plate#:                     |
| Insurance Provider:                            | Insura     | Insurance Number: |   | Expiration Date:            |
| ;lt ffi'l 'spe'j;ti\'cj;. i··· D•\·· \ •.; .•, | •Pass,     | l'ali.;:          | 'ilernifri <s:!, <="" i="" i.,,="" td=""><td>••</td></s:!,> | ••                          |
| Tires LF Tires RF                              | -          |                   |   |                             |
| Tires LF                                       | +          |                   |   |                             |
| Tires RR                                       | -          |                   |   |                             |
| Tires Spare                                    | +          |                   |   |                             |
| Horn   | +          |                   |   |                             |
| Head lights                                    | +          |                   |   |                             |
| Tail lights                                    | +          |                   |   |                             |
| Brake lights                                   |            |                   |   |                             |
| Turn signals                                   |            |                   |   |                             |
| Back up lights                                 | 1          |                   |   |                             |
| Flashers                                       |            |                   |   |                             |
| License plate light                            |            |                   |   |                             |
| Windshield Glass                               |            |                   |   |                             |
| Windows  |            |                   |   |                             |
| Other glass                                    |            |                   |   |                             |
| Wipers   |            |                   |   |                             |
| Mirrors  |            |                   |   |                             |
| Brakes & brake fluid                           |            |                   |   |                             |
| Heating (Defroster)                            |            |                   |   |                             |
| Heating (Heater)                               |            |                   |   |                             |
| Seatbelts                                      |            |                   |   |                             |
| Battery  |            |                   |   |                             |
| Power Steering                                 |            |                   |   |                             |
| Hoses  |            |                   |   |                             |
| Windshield washer fluid                        |            |                   |   |                             |
| Belts  |            |                   |   |                             |
| Engine   |            |                   |   |                             |
| nal Comments:                                  |            |                   |   |                             |
|  |            |                   |   |                             |
|  |            |                   |   |                             |
| spected the above identified vehicle and fir   | nd that it | nassed/           | failed the safety Inspection acco                           | rding to Oty Ordinance2009- |

Ordinance 2009-17 Taxi Inspection List

| w\i\:t,i,)\                         |                            | ti/litid Comfiling fipi \ w, t i/VII i 1 (Notic i lite         |
|-------------------------------------|----------------------------|--|
|                                     |                            | Tread depth, wear, weathering, bulges, cuts in hoses, at least |
|                                     |                            | 1 mm of tread {Using a penny from the edge to the top of       |
| Tires (no mixing of radlar and bias |                            | Lincoln's head)  |
| <u>plv</u> tires)                   | Condition                  |  |
| Horn                                | Sound                      | Does it function   |
|                                     |                            | Both high & low beams operational, cracked, condensat          |
| Ui; hts                             | Head 11,; hts              | secure   |
|                                     |                            | Lenses intact, working when on (Red)                           |
|                                     | Tall lii;_hts              |  |
|                                     |                            | Lenses intact, working when applied (Red)                      |
|                                     | Brakelii;_hts              |  |
|                                     |                            | Lenses intact, blink when activated {Red in back, Amber in     |
|                                     | <u>Turn signals</u>        | frontl   |
|                                     |                            | Lenses Intact, working when backing (White light)              |
|                                     | Back uJlJig.hts            |  |
|                                     |                            | Lenses intact, blink when activated {Red in back, Amberin      |
|                                     | Flashers                   | frontl   |
|                                     |                            | Lenses intact, working when on (White light)                   |
|                                     | License <u>plateligh</u> t |  |
|                                     |                            | Not cracked or broken, Not scratched to the degree it would    |
|                                     |                            | impair vision. Do side windows function (go up & down)?        |
|                                     | Operational,               |  |
| Windows                             | safety                     |  |
| Wipers                              | Operational,               | Both wipers are functional when on, do blades show sign of     |
|                                     | condition                  | wear?  |
| Mirrors                             | Outside & Inside           | Secure1. cracked or broken                                     |
| Brakes                              |                            | Foot pedal cannot travel more than half-way to the floor,      |
|                                     | Defeates                   | pedal must be solid under pressure. brake light is not on.     |
| Heatlni;                            | Defroster                  | Must blow hot air above the dash                               |
| 0 41 14 -                           | Heater                     | Must blow hot air into vehicle                                 |
| Seatbelts                           | Front&back                 | Missing, frayed, does not snap shut                            |
| Under the Hood                      | Battery                    | Check color indicator, terminals clean & tight, solld down     |
| Under the Hood                      | Power Steer!n g            | secure. Filled to level  |
|                                     | rower steering             |  |
|                                     | Hoses                      | No cutsJ cracks, leaks, bulges, chaffing deterioration or      |
|                                     | Windshield                 | rubbini; Filledto level  |
|                                     |                            | Filled to level  |
|                                     | washer fluid               | Filledte level   |
|                                     | Brake fluid                | Filled to level  |
|                                     | Polto                      | Weather checked, proper tension (3/4 inch when pushed          |
|                                     | Belts                      | down}  |
|                                     | Fni. Inc                   | . Excessive leaks, noise, or smoke. No exhaust leaks.          |
|                                     | Eni;_Ine                   |  |