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 Ow	ner Information	* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD													RD	
Name:			Phone #:													
Address:			Email:													
City:					Sta	ate:					Zip	Code:				
General Pro	ject Information															
Address of Improvement: Township:																
Description of Pr	oject:								Owned () Leased ()							
Parcel #:																
Type of Use:	Commercial/Ind	ustrial ()		Residentia	I ()		Agricultura	I ()							
Dimensions of Improvement:	(L) (W)		(H)			Siz	e (So	ı. Ft.):								
Setbacks:	Side: Side	:	Front:		Rear:											
Additional F	Project Information	ı														
Estimated Cost:	Estimated Cost: Estimated Completion Date:															
Contractor's Nan	ne:					Phone	e #:									
Health Dept. per	mit #:		C.C.	Curb Permit								LMU Perm	nit			
Subdivision :				Foundation ty	pe	(Cir one			S	Slab	o /	Crawlspa	ice	/	Basement	
Mobile Home:	Make Yr.			Serial #							Sta	te Form 787	78			
The undersi	gned hereby certi	fies the f	ollov	ving:												
1.) That all const	ruction requested by this	application	will co	mply with all C	ity, Sta	ate and	d Fed	eral regula	tions.							
2.) That the com	pleted project will conform	n to the site	plan a	nd application	prese	nted o	r lega	al action ma	ay be tal	ker	n.					
3.) That inspections are required before a Certificate of Occupancy may be issued.: Footer; Rough-In (if applicable); Final Please call 24 hours in advance																
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.																
5.) That all inform	nation in this application	is true and a	ccurat	e.												
Signature of Applicant / Representative:																
Please Print			Date													
CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # Date: Date:																
	TO BE CO	MPLETED	BY T	HE COMMU	INITY	DEV	ELC	PMENT	& PLA	NN	NING DE	PARTME	NT S	TA	FF	
Zoning Class	assific	cation?		,	Yes			٢	٩o							
Flood Zone Elevation Certificate Requir						Yes		No								
Is a confined fee	eet?		Yes No													
Within an Overla	Overlay District? Airport Downtown Gat				Gatev	vay			1	Riverfront	t		c	Grissom		
Approved:	Denied:	Date: Signature:														
NOTES:																
Building Permit Fee:								P 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

