

Commercial, Industrial, and Public Buildings
Application for
Improvement Location Permit & Certificate of Occupancy
Grant County Area Plan

Township _____
Date _____
Map # _____
Parcel # _____

ILP # _____

Applicant	Lot Owner
First/Last Name _____	_____
Mailing Address _____	_____
City/State/Zip Code _____	_____
Phone # _____	_____

Address at Job Site _____

Legal Description Attached _____ Acreage _____

Subdivision _____ Lot # _____

_____ Quarter, Section _____ Township _____ Range _____

Zoning District _____

Existing Structures/Use _____

Is there a nearby tile, open ditch, or stream: yes no Distance _____

Flood District _____ Elevation Certificate due in 6 months Yes No

BZA/APC Docket # _____

Final Action _____

Proposed Type of Construction

- | | |
|--|--|
| CBLD - Commercial Bldg. | IBLD - Industrial Bldg. |
| CBLDA - Commercial Bldg. Addition | IBLDA – Industrial Bldg. Addition |
| CACCB - Commercial Accessory Bldg. | IACCB – Industrial Accessory Bldg. |
| CACCBA - Commercial Accessory Bldg. Addition | IACCBA – Industrial Accessory Bldg. Addition |
| PRKLT - Parking Lot | Other _____ |

Estimated Cost of Proposed Improvement _____

Are Proposed Improvements and Property Lines Clearly Marked or Staked: Yes No

County Sanitation Permit # _____ Highway Permit # _____

Town Approval _____ Other _____

Applicant Certification

“I hereby certify that to my best knowledge, the information provided herein is true and correct. I certify that the property owner has authorized me to apply for this permit and that I will inform the owner of the permit condition. I understand that if I knowingly provide any false information herein, I am subject to any penalties which ordinance or law prescribes. I know I must skirt any mobile home with durable material. I assume responsibility for being aware of restrictive covenants (plat or deed) which may effect this proposed improvement. I recognize that I have one year to start this improvement and two years to finish. If I do not start within this one year time frame or finish within this two year time fram then the permit is void.”

Signature _____ Date _____

Staff _____ Date _____

Builder

First/Last Name _____
Address _____
City/State/Zip Code _____
Phone # _____

Contractor/Sub-Contractor

Heating Contractor _____ Type of Heat _____
Plumbing Contractor _____ State Plumbing Lic. # _____
Electrical Contractor _____
Foundation Work _____
Mechanical (HVAC) Work _____
Masonry Work _____
Manufactured Home Setup _____

I hereby certify that I have the authority to make the foregoing application and that the application and accompanying floor plan are correct, and that all construction will comply with all ordinances currently adopted by Grant County, IN. I further certify that the construction will not be used and/or occupied in any manner until all inspections have been made and a certificate of occupancy has been issued by the Grant County Area Plan Office.

Signature _____ Date _____

Lot or tract Sizes	<i>Office Use Only</i>			
	Proposed	Requirement	Field Check	Comply
Width	_____	_____	_____	_____
Depth	_____	_____	_____	_____
Area	_____	_____	_____	_____
Proposed Improvement				
Front Yard SB	_____	_____	_____	_____
Right Side SB	_____	_____	_____	_____
Left Side SB	_____	_____	_____	_____
Rear Yard SB	_____	_____	_____	_____
Basement	_____	_____	_____	_____
Height	_____	_____	_____	_____
Dimensions	_____	_____	_____	_____
Total Ground Cover	_____	_____	_____	_____
% of Lot Cover	_____	_____	_____	_____
On Site Paved Parking				
# of Spaces	_____	_____	_____	_____
Total Lot Size	_____	_____	_____	_____
Number of Entrances	_____	_____	_____	_____
Entrance Width	_____	_____	_____	_____
Aisle Width	_____	_____	_____	_____
Loading Berths				
Number	_____	_____	_____	_____
Size	_____	_____	_____	_____
Setback	_____	_____	_____	_____
Display	_____	_____	_____	_____
Open Storage Setback	_____	_____	_____	_____
Buffering				
Size	_____	_____	_____	_____
Type	_____	_____	_____	_____
Parking Lot Setback	_____	_____	_____	_____
Fencing				
Type	_____	_____	_____	_____
Height	_____	_____	_____	_____
Corner Vision Clearance	_____	_____	_____	_____

Landscaping Requirements have been met: YES NO

Number of Employees, Staff, Students, Beds, Seats _____

Released for Construction by _____ Date _____

Inspection Date _____ Inspected by _____ Approval Date _____ Approved by _____

Application # _____

ILP Fee _____ Building Permit Fee _____ Total Fee _____ Receipt # _____