

DEKALB COUNTY IMPROVEMENT LOCATION PERMIT

DEPT. OF DEVELOPMENT SERVICES - 301 S. Union St. - Auburn, Indiana - 46706

PH: (260) 925-1923 FAX: (260) 927-4791

Please print in ink - Completed application will be processed within 72 hours

ILP # _____

Site Plan is required - Incomplete application will not be processed

Property Owner Information

Name: _____ Phone #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

General Project Information

Address of Improvement: _____ Township: _____

Parcel #: _____ Is property: Owned Leased/Rental

Subdivision Name: _____ Lot #: _____

Description of Project: _____

Use Type: Residential Commercial Industrial Agricultural Livestock Production Operation

Dimensions of Improvement: (L) _____ (W) _____ (H) _____ Size (Sq. Ft.): _____

Setbacks Left Side: _____ Right Side: _____ Front (from center of road): _____ Rear: _____ Lot Size: _____

Additional Project Information

Estimated Cost: _____ Estimated Completion Date: _____

Contractor's Name: _____ Phone #: _____ Email: _____

Advanced Structure Components (ASC) Used? YES TYPE (I-JOISTS OR TRUSSES): _____ NO

Health Dept. Permit #: _____ County/State Hwy Permit #: _____ Soil & Water Approval: _____ Surveyor Approval: _____

Potential Wetland: Yes No If yes, applicant understands to contact all applicable State and Federal Agencies. No permit issued without proper docs.

Municipal Utility: Yes No Foundation type: Slab Crawspace Basement

Mobile Home: Make _____ Yr. _____ Serial # _____ State Form 7878

The undersigned hereby certifies the following:

- 1.) That all construction requested by this application will comply with all County, State and Federal regulations.
- 2.) That the completed project will conform to the site plan and application presented or legal action may be taken.
- 3.) That all inspections are required before a Certificate of Occupancy may be issued. (See reverse side.)
- 4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.
- 5.) That all information in this application is true and accurate.
- 6.) That I am responsible for contacting #811 (2 days) before digging begins for utility locates.

Signature of Applicant / Representative:

Please Print Name: _____ Date _____

TO BE COMPLETED BY THE DEPARTMENT OF DEVELOPMENT SERVICES STAFF

Zoning Class _____ Vacant Parent Parcel: Existing Structure:

Flood Zone _____ Elevation Certificate Required? Yes No

Within an Overlay District? _____ Wellhead Protection Airport Compatibility

Does the project conform to this zoning classification? Yes: No:

Approved: Denied: Date: _____ Signature: _____

NOTES: _____

Building Permit Fee: _____ ILP Fee: _____ Total Permit Fee: _____

REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following LABELED information.

- 1) Property lines, roads, nearest intersection and north arrow
- 2) Existing buildings or structures on the site with dimensions and approximate distances from all property lines
- 3) Location and dimensions of the proposed improvement including distance from all property lines
- 4) Building Plans/Floor Plans are strongly encouraged

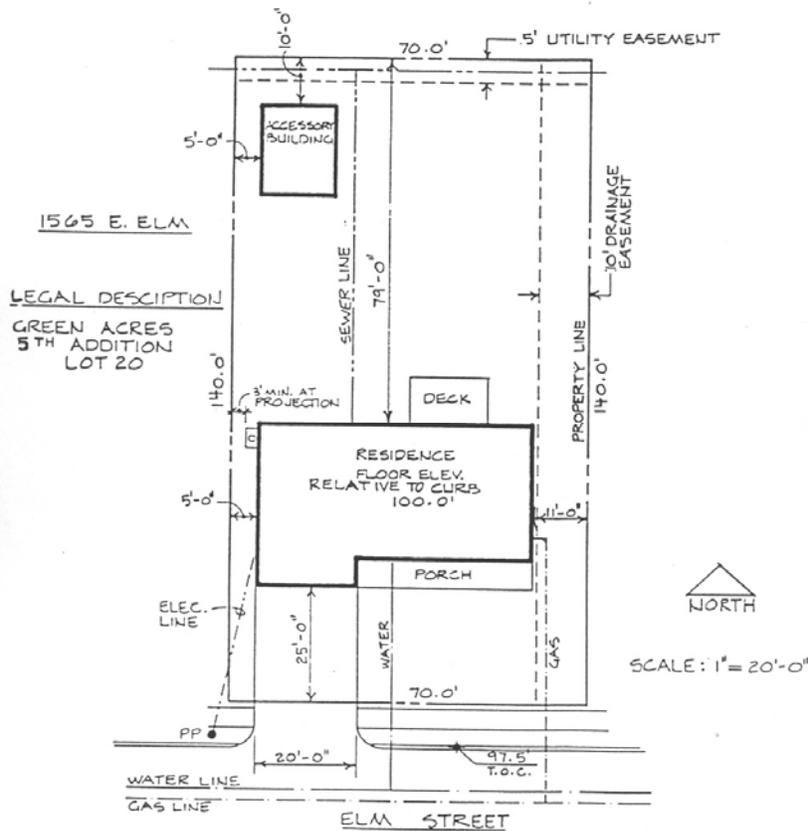
B) All required inspections must be completed based on the permitted project.

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

Signature of Applicant / Representative: _____

Please Print Name: _____ Date: _____

EXAMPLE OF A SITE PLAN



For all Inspections please call: 260-925-3021

ILP # _____ (Permit # must be given at time of call)