



P.O. Box 408 • Leo, Indiana 46765  
phone 260.627.6321 / fax 260.627.0471

# Improvement Location Permit

*FOR OFFICE USE ONLY*  
Petition ILP \_\_\_\_ - \_\_\_\_  
Fees \$

### 1. Applicant/Property Owner:

#### Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### 2. Proposed Improvement

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Family Residence          | <input type="checkbox"/> Shed          | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Residential Addition             | <input type="checkbox"/> Sign          | <input type="checkbox"/> Parking Lot   |
| <input type="checkbox"/> Commercial Structure             | <input type="checkbox"/> Fence         | <input type="checkbox"/> Garage        |
| <input type="checkbox"/> Commercial Addition              | <input type="checkbox"/> Canopy/Awning | <input type="checkbox"/> Deck          |
| <input type="checkbox"/> Conversion to Duplex/Multifamily | <input type="checkbox"/> Other         |  |

### 3. Project Information:

Estimated Cost: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Does the project alter an existing septic/sewer system? Y N

Does the project include adding a septic/sewer system? Y N

Does the project alter an existing well/water system? Y N

Does the project include adding a well/water system? Y N

### 4. Location of Property:

Address of Property: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

On Public Sewer System: \_\_\_\_\_ On Public Water: \_\_\_\_\_

On Septic System: \_\_\_\_\_ On Well: \_\_\_\_\_

### 5. Certification:

I certify the accuracy of all information provided on and with this application. This includes the plot plan, legal description, and dimensions of the proposed structures(s) shown.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 6. For office use only

#### Zoning Administrator

Setbacks: \_\_\_\_\_

Permitted Use: \_\_\_\_\_

Building Height: \_\_\_\_\_

Flood Plan: \_\_\_\_\_

Landscaping: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

#### Building Department

Sidewalk at Street: \_\_\_\_\_

Yard Light Required: \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Structural: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

#### County Highway

Clear View at driveway and intersections: \_\_\_\_\_

Curb Cut/Driveway Cut: \_\_\_\_\_

Other: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

#### Health Department

Septic System: \_\_\_\_\_

Leach Field: \_\_\_\_\_

Other: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Any Improvement Location Permit without a Plan Commission Seal Affixed is invalid \*\***

Am Improvement Location Permit is Valid for twelve (12) months from approved date.