

# TOWN OF ST JOE IMPROVEMENT LOCATION PERMIT

Town of St. Joe, P.O. Box 293, 204 Washington St., St. Joe, IN 46785

PH: (260) 337-5449

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

Site Plan is required - Incomplete application will not be processed

ILP # \_\_\_\_\_

Property Owner Information			
Name:	Phone #:		
Address:	Email:		
City:	State:	Zip Code:	
General Project Information			
Address of Improvement:	Township:		
Parcel #:	Is property: Owned <input type="checkbox"/> Leased/Rental <input type="checkbox"/>		
Subdivision Name:	Lot #:		
Description of Project:			
Use Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Livestock Production Operation <input type="checkbox"/>			
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 <input type="checkbox"/> TYPE (I-JOISTS OR TRUSSES):	NO <input type="checkbox"/>		
Health Dept. Permit #:	County/State Hwy Permit #:	Soil & Water Approval:	Surveyor Approval:
Potential Wetland: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, applicant understands to contact all applicable State and Federal Agencies. No permit issued without proper docs.		
Municipal Utility: Yes <input type="checkbox"/> No <input type="checkbox"/>	Foundation type: Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/>		
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: <input type="checkbox"/>	Existing Structure: <input type="checkbox"/>	
Flood Zone	Elevation Certificate Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Within an Overlay District?	Wellhead Protection <input type="checkbox"/>	Airport Compatibility <input type="checkbox"/>	
Does the project conform to this zoning classification?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	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: \_\_\_\_\_

# For all Inspections please call: 260-925-3021

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