

Application for Residential
Improvement Location Permit & Certificate of Occupancy
Grant County Area Plan

Township _____
Date _____
Parcel # _____
Map # _____

ILP # _____

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

Address of job site _____
Subdivision _____ Lot # _____
Legal Description Attached _____ Acreage _____ Zoning District _____
_____ Quarter Section _____ Township _____ Range _____
Existing Structures/Uses _____

Flood District _____ Flood Map Panel # _____
Elevation Certificate due in 6 months yes **no** (if yes give copy of permit to Director)

BZA/APC Docket # _____ Final Action _____

Proposed type of construction (circle one)

- | | | |
|--|---------------------------------|--------------------------------------|
| SFC – Single Family Conventional | 2FC- 2 Family Conventional | 2FMFG – 2 Family Mfg |
| SFMFG – Single Family Mfg | RA – Room Addition | ROOF |
| MHP – Mobile Home Permanent | MHT – Mobile Home Temporary | Deck/Patio (roofed and/or above 31’) |
| ABLD – Accessory Building | ABDA – Accessory Bldg. Addition | PORCH |
| SWPL – Swimming Pool (above/in ground) | REMODEL | OTHER _____ |

Estimated Cost of Proposed Improvement _____

County Sanitation Permit # _____ Highway Permit # _____ Town Approval _____
Other _____

Manufactured or Modular Type Construction – enter information below

Model _____ Roof Type _____ Make _____ Year _____
(Make sure petitioner sign’s mobile home form and note section on permit)

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 conditions. I understand that if I knowingly provide any false information, herein, I am subject to any penalties which ordinance or law prescribes. I verify that the building(s) being constructed will be used for residential use only. I understand commercial/industrial uses are prohibited. I assume responsibility for being aware of restrictive covenants (plat or deed) which may effect this proposed improvement. I know that all structures that are authorized with this permit must be completed before the certificate of occupancy will be issued. I recognize that I have one year to start this improvement and one additional year to finish. **I am aware that manufactured homes, mobile homes, and swimming pools must be completed within six months from the date of the issuance of the permit.** (See temporary mobile home requirements, Chapter 7 of the AWZO). If I do not start or finish within the designated time frame then the permit is void.

Signature of Applicant _____ Date _____
Staff _____ Date _____

Staff use only

Residential Building Permit Application
Grant County Area Plan

Builder

Name _____

Address _____

City/State/Zip Code _____

Phone # _____

Contractor/Sub-Contractor

Plumbing Contractor _____

State Plumbing License # _____

Electrical Contractor _____

Foundation Work _____

Mechanical (HVAC) Work _____

Type of Heat _____

Masonry Work _____

Manufactured Home Setup _____

State License for foundation _____

I hereby certify that I have the authority to make the foregoing application and that the application and accompanying floor plan, building elevations and site plan are correct, and that all construction will comply with all ordinances currently adopted by Grant County, IN, and any applicable State and Federal regulations. I know that all structures that are authorized by this permit must be completed before the Certificate of Occupancy will be issued. 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 _____

Office Use Only

Lot or track Sizes	Proposed	Requirement
Width	_____	_____
Depth	_____	_____
Area	_____	_____
Proposed Improvement		
Direction		
Front Yard SB _____	_____	_____
Right Side SB _____	_____	_____
Left Side SB _____	_____	_____
Rear Yard SB _____	_____	_____
Basement	_____	_____
Height	_____	_____
Building Front Line	_____	_____
Dimensions (proposed)	_____	_____
Existing Square Footage	_____	_____
Total Ground Coverage	_____	_____
% of Lot Coverage	_____	_____

ILP Fee _____

Building Permit Fee # _____

Receipt # _____