

**APPLICATION FOR COMMERCIAL LOCATION IMPROVEMENT PERMIT
AREA PLAN COMMISSION; VERMILLION COUNTY, INDIANA**

Office 765-492-5343 Cell 812-08-0163

THIS APPLICATION MUST BE ACCOMPANIED BY APPROVED STATE PLANS (if applicable), A SITE PLAN SHOWING THE LOCATION AND DIMENSIONS OF THE PROPOSED CONSTRUCTION, A SEPTIC PERMIT (IF APPLICABLE), AND ALL FEES. 24 HOUR NOTICE MAY BE REQUIRED FOR INSPECTIONS. CONSTRUCTION MUST BEGIN WITHIN 6 MONTHS OF THE DATE THIS PERMIT IS ISSUED AND COMPLETED WITHIN ONE YEAR.

Date: _____ Receipt #: _____ Permit #: _____

APPLICANT: _____ DBA: _____

Mailing Address of Applicant: _____

Is Applicant the Contractor? Yes _____ No _____

Location Address of Construction: _____

Owner of property (if different than applicant): _____

Mailing address of property owner: _____

Telephone: _____

Date of Approval of State Plan _____ **Project #:** _____

The applicant is applying for a permit to: USE VACANT LAND: _____ ALTER AN EXISTING STRUCTURE: _____
NEW CONSTRUCTION: _____

TOWNSHIP: _____ LOT SIZE: _____ SQ. FT / ACRES ZONING DISTRICT: _____
(ALL CONSTRUCTION WITHIN B-3 INTERCHANGE DEVELOPMENT DISTRICT MUST HAVE PRIOR APPROVAL OF THE AREA PLAN COMMISSION)

IS PROPERTY LOCATED IN FLOOD PLAIN? _____

PARCEL NUMBER _____

DESCRIPTION OF WORK TO BE DONE: _____

Total Square feet: _____ **Construction cost:** _____

IS SEPTIC SYSTEM OR ON-SITE WASTE SYSTEM BEING INSTALLED? _____

SEPTIC PERMIT #: _____ DATE ISSUED: _____

Set back measurements (feet from adjoining property lines and from county or state roads):

FRONT: _____ REAR _____ SIDE _____ SIDE _____

I hereby certify: 1) that these statements are true and correct to the best of my knowledge and belief; 2) that I am the owner or that I am authorized by the owner to make the foregoing application and that the owner is aware of all of the conditions of the permit. I further certify that I have been informed of and agree to the provisions of the Vermillion County Zoning and Building Code Ordinances and understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by law or ordinance.

Signature of Applicant

Telephone Number

Office use only:

Filed: _____ Approved: _____ Denied: _____

Fees for Commercial Construction Permit: 1) \$100 Permit fee for the first 1,000 square feet of new construction plus .10 (cents) per additional square foot up to \$1,500; 2) 6 inspections @ \$25.00 each and 3) a Certificate of Occupancy @ \$10.00. Call the office if you have any questions. Cash or checks only.