

**APPLICATION FOR LOCATION IMPROVEMENT PERMIT**  
*Vermillion County Indiana Zoning Office, Second Floor Courthouse, Newport IN - 765-492-5343*

APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ Parcel No. \_\_\_\_\_

ERECT A STRUCTURE: \_\_\_\_\_ ALTER A STRUCTURE: \_\_\_\_\_ TENTATIVE START DATE: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ LOT SIZE / AREA: \_\_\_\_\_ (sq. ft/acres) ZONING DISTRICT: \_\_\_\_\_

IS PROPERTY LOCATED IN FLOOD PLAIN? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Comments: \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_  
SIZE (DIMENSION OR SQUARE FOOT) \_\_\_\_\_

BUILDING WILL BE USED FOR: RESIDENTIAL \_\_\_\_\_ BUSINESS \_\_\_\_\_ OTHER \_\_\_\_\_

APPROXIMATE COST OF ALL PROPOSED CONSTRUCTION: \_\_\_\_\_

IF YOU ARE BUILDING A **POLE BARN OR GARAGE**: CONCRETE FLOOR? \_\_\_\_\_  
ELECTRICITY? \_\_\_\_\_ WATER LINES? \_\_\_\_\_ BATHROOM? \_\_\_\_\_

WILL A NEW SEPTIC SYSTEM BE INSTALLED? YES \_\_\_\_\_ SEPTIC PERMIT # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
WILL EXISTING SEPTIC SYSTEM BE USED? YES \_\_\_\_\_ MEMO DATED: \_\_\_\_\_

RESIDENCE: BASEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_ TOTAL ROOMS: \_\_\_\_\_ BEDROOMS: \_\_\_\_\_  
BATHROOMS: \_\_\_\_\_ SINGLE STORY: \_\_\_\_\_ SPLIT-LEVEL: \_\_\_\_\_ MULTI-STORY: \_\_\_\_\_  
TYPE OF SIDING: \_\_\_\_\_ TOTAL SQ FT: \_\_\_\_\_  
GARAGE: YES \_\_\_\_\_ NO \_\_\_\_\_ ATTACHED? \_\_\_\_\_

**YARD SIZE REQUIREMENTS:**

ZONING	FRONT-HWY	FRONT-COLLECTOR ROAD	FRONT-COUNTY ROAD	REAR	SIDES
AGRICULTUREAL	50 FEET	40 FEET	30 FEET	25 FT	40 FT
SUBURBAN RESIDENTIAL	50 FEET	40 FEET	30 FEET	25 FT	10 FT
URBAN RESIDENTIAL		35 FEET	25 FEET	25 FT	8 FT

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby certify: 1) that these statements are true and correct to the best of my knowledge and belief; 2) that I am either the owner or am authorized by the owner to make the foregoing application; 3) that all transfers of land have been made in accordance with the terms of the subdivision control ordinance; 4) that I understand that no guarantee is herein being made regarding the suitability of the soil for any type of construction and agree to hold the Area Plan Commission, the Board of Zoning Appeals and the Zoning Administrator harmless thereof. I further certify that I have been informed of and agree to the provisions of the 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

\_\_\_\_\_  
Applicant Email Address

Office Use: Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_

A filling fee of \$85.00 payable to the Area Plan Commission will need to be sent in with your application. Cash or check only.

APC, P.O. Box 314, Newport, IN 47966

Penney Carpenter 765-492-5343

**For inspections call Roger Meyer 217-417-5678**