Application for Zoning/Property Maintenance Permit

1)	Date of Application:	Phone Number:	
2)	Name of Applicant:	Relationship to Owner:	
3)	Address:		
ŕ	Address: Street Address	City, State	Zip
4)	Name of Lot Owner:	Owner Phone Number:	
5)	Address: Street Address	City, State	Zip
	Address of Property:		r
7)	Date of Proposed Construction/Alteration/R	Repair:	
8)	Type of Structure:		
9)	Type of Proposed Construction/Alteration/I	Repair:	
11)	•	pied: Rental:	
13)	Address:Street Address	City, State	Zip
14) If applicable: Attach plans to scale, showing the actual shape and dimensions of the lot or lots to be built/altered upon, the exact size and location of any building, fence, sign, parking or loading area or other physical feature existing or proposed on the lot, the number of families, dwelling units, employees, office or other appropriates units or occupancy which the building is designed to accommodate, and such other information as may be necessary to determine compliance with the Indiana Borough Code and Zoning Ordinances.			
15)	Insurance. If the applicant is self-employed Workmen's Compensation exemption form	orkmen's Compensation Insurance Coverage and General L and has no employees, the applicant must fill out and exec a. The party required to have Workmen's Compensation Ins in accordance with Section "b" of the Workers Compensa	tute the surance shall
	Applicant's Signature	Date	
	Office Personnel Use Only		
	Date Received: Permit Number:		