

Application for Zoning/Property Maintenance Permit

1) Date of Application: _____ Phone Number: _____

2) Name of Applicant: _____ Relationship to Owner: _____

3) Address: _____
 Street Address City State Zip

4) Name of Lot Owner: _____ Owner Phone Number: _____

5) Address: _____
 Street Address City State Zip

6) Email: _____

7) Address of Property: _____ Parcel# _____

8) Date of Proposed Construction/Alteration/Repair: _____

9) Type of Structure: _____

10) Type of Proposed Construction/Alteration/Repair: _____

11) Type of Occupancy or Use: Owner Occupied: Rental:

12) Cost of Construction/Alteration/Repair: \$ _____

13) Name of Contractor & Phone Number: _____

14) Address: _____
 Street Address City, State Zip

15) If applicable: Attach plans to scale, showing the actual shape and dimensions of the lot or lots to be built/alterd 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 appropriate 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.

16) Attach (if not on file with the Borough) Workmen’s Compensation Insurance Coverage and General Liability Insurance. If the applicant is self-employed and has no employees, the applicant must fill out and execute the Workmen’s Compensation exemption form. The party required to have Workmen’s Compensation Insurance shall provide the necessary insurance certificates in accordance with Section “b” of the Workers Compensation form.

Applicant’s Signature Date

Office Personnel Use Only

Date Received: _____ Permit Number: _____