CITY OF BUTLER IMPROVEMENT LOCATION PERMIT

CITY OF BUTLER - 301 S. Union St. - Auburn, Indiana - 46706
PH: (260) 925-1923 EMAIL: planner@cityofbutler.in.gov

Please print in ink - Completed application will be processed within 72 hours
Site Plan is required - Incomplete application will not be processed

ILP # _____

Property Owner Information

Name: Phone #:

Address: Email:

City: State: Zip Code:

General Project Information

Address of Improvement: Township:

Parcel #: Is property: Owned ☐ Leased/Rental ☐

Description of Project:

Use Type: Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ Livestock Production Operation ☐

Dimensions of Improvement: (L) (W) (H) Size (Sq. Ft.):

Setbacks Left Side: Right Side: Front (from center of road): Rear: Lot Size:

Additional Project Information

Estimated Cost: Estimated Completion Date:

Contractor's Name: Phone #: Email:

Advanced Structure Components (ASC) Used? YES ☐ TYPE (I-JOISTS OR TRUSSES): NO ☐

Health Dept. Permit #: Street/County/State Hwy Permit #: Soil & Water Approval: Surveyor Approval:

Potential Wetland: Yes ☐ No ☐ If yes, applicant understands to contact all applicapable State and Federal Agencies. No permit issued without proper docs.

Municipal Utility: Yes ☐ No ☐ Foundation type: Slab ☐ Crawlspace ☐ Basement ☐

Mobile Home: Make Yr. Serial # State Form 7878

The undersigned hereby certifies the following:

1.) That all constuction requested by this application will comply with all County, State and Federal regulations.
2.) That the completed project will conform to the site plan and application presented or legal action may be taken.
3.) That all inspections are required before a Certificate of Occupancy may be issued. (See reverse side.)
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.
5.) That all information in this application is true and accurate.
6.) That I am responsible for contacting #811 **(2 days)** before digging begins for utility locates.

Signature of Applicant / Representative:

Please Print Name: **Date**

TO BE COMPLETED BY STAFF

Zoning Class Vacant Parent Parcel or Platted Subdivision: ☐ Existing Structure: ☐

Flood Zone Elevation Certificate Required? Yes ☐ No ☐

Within an Overlay District?

Does the project conform to this zoning classification? Yes: ☐ No: ☐

Approved: ☐ Denied: ☐ **Date:** **Signature:**

NOTES:

Building Permit Fee: ILP Fee: Total Permit Fee:

REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following LABELED information.

1) Property lines, roads, nearest intersection and north arrow
2) Existing buildings or structures on the site with dimensions and approximate distances from all property lines
3) Location and dimensions of the proposed improvement including distance from all property lines
4) Building Plans/Floor Plans are strongly encouraged

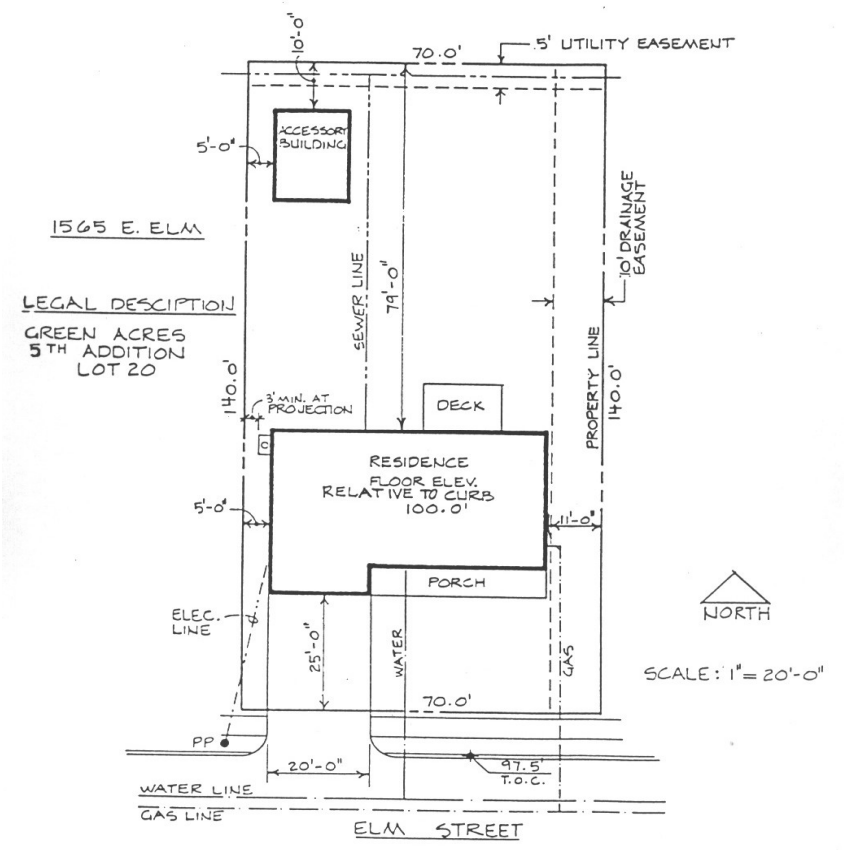
B) All required inspections must be completed based on the permitted project.

C) Inspections are to be scheduled at least 24 hours in advance.

Signature of Applicant / Representative:_____

Please Print Name:_____Date:_____

EXAMPLE OF A SITE PLAN



For all Inspections please call: 260-925-3021

ILP #_____ (Permit # must be given at time of call)