



DEARBORN COUNTY PLAN COMMISSION
 County Government Center,
 165 Mary St.,
 Lawrenceburg, IN 47025
 Phone: (812) 537-8821 Fax: (812) 532-2029
 Website: www.dearborncounty.org/planning

Zoning Application

Permit No. _____

Receipt No. _____

- PERMIT TYPE Improvement Location Permit Site Plan Review
 Sign Permit Minor Major

Applicant / Contractor Information

Name:	Phone No.	Email:
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SITE INFORMATION

***Provide preferred method of contact*

Property Owner:	Phone No.	Email:
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Mailing Address:	City:	Zip:
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Site Address:	Sec,	Twp (#) West Harrison () Rng:	Acreage:
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Parcel No.	Zoning	Subdivision	Lot:
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Existing Facilities (check all that apply)

- Sewer Septic Public Water Well Cistern

Existing Property Use

- Vacant Land Residential Other: _____

PROPOSED IMPROVEMENT(S)

Project Description:

Are living quarters and/or additional bedrooms proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions: ' - " x ' - "
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Proposed Utilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Electric <input type="checkbox"/> Water	Square Footage: Height to Peak: ft.
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FLOOD HAZARD

Is property within a Special Flood Hazard Area (SFHAs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is project within 100 feet of a Special Flood Hazard Area (SFHAs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is project within the Best Available Data Flood Map? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FIRM Map No.	Base Flood Elevation:
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Staff Comments / Conditions of Approval: NEW ADDRESS:	<table border="1" style="width:100%"> <thead> <tr> <th style="width:30%">Required</th> <th style="width:40%">Additional Approval</th> <th style="width:30%">Rec'd</th> </tr> </thead> <tbody> <tr> <td></td> <td>Health Permit (812) 537-8847</td> <td></td> </tr> <tr> <td></td> <td>Highway / INDOT</td> <td></td> </tr> <tr> <td></td> <td>BZA / PC</td> <td></td> </tr> <tr> <td></td> <td>Developer / POA</td> <td></td> </tr> <tr> <td></td> <td>State (e.g. Flood)</td> <td></td> </tr> <tr> <td></td> <td>Building Permit (812) 537-8822</td> <td></td> </tr> <tr> <td></td> <td>Road Bond (812) 655-9394</td> <td></td> </tr> </tbody> </table>	Required	Additional Approval	Rec'd		Health Permit (812) 537-8847			Highway / INDOT			BZA / PC			Developer / POA			State (e.g. Flood)			Building Permit (812) 537-8822			Road Bond (812) 655-9394	
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As applicant, I understand that this application and accompanied plans are submitted in accordance with: the Dearborn County Zoning & Subdivision Control Ordinances and Title 9 of the Dearborn County Code of Ordinances. I understand that I have no more than ninety (90) days to complete this permit request and acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for the Dearborn County staff to enter onto the premises to inspect this site to process and complete this permit request.

X

 Applicant's Signature Date

X

 Planning Official's Signature Date