

APPLICATION
For
IMPROVEMENT LOCATION PERMIT AND CERTIFICATE OF OCCUPANCY
Department of Building Services
City of Frankfort, Indiana
Phone: 765 654-5278

Date Applied: _____

The undersigned agrees that any construction, reconstruction, enlargement, relocation or alteration of structures, or any change in use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and Ordinances of Frankfort, Indiana, adopted under the authority of Chapter 174 of the Acts of 1947, General Assembly of the State of Indiana, and all acts amendatory thereto.

Name of Property Owner: _____ Phone Number: _____

Project address: _____

Name of Builder: _____

Phone Number: _____ Approximate project cost: _____

Description of Property: _____ Lot Number: _____ Addition: _____

Owner's Address if different: _____

Present use of Property: _____ Proposed Use: _____

Lot Width: _____ Lot Depth: _____ Front setback: _____

Project Description:

Total Square ft: _____ Total living area sq ft: _____ Nonliving sq ft: _____

Date of State Design Release (if applicable): _____ Number: _____

NOTE: Application for an Improvement Location Permit must be accompanied by one copy of a site plan of the premises drawn to scale and showing property lines on all sides, location and size of all buildings and structures including proposed structures with the distance to property lines identified. Detail plans of structure to be erected and or scope of work to be done. And any additional information, as may be required by the Department of Building Services.

Please return completed form and documents to Department of Building Services 5 days prior to issuance of the building permit.

301 E. Clinton Street, Frankfort, IN 46041 Office: 765-654-5278

E-mail: bldgservices@cityoffrankfort.net

Fax: 765-654-7773

Signed: _____ Owner or: _____ Agent

OFFICE USE:

PERMIT FEES: (\$ _____) Approved by: _____

DISPOSITION: Date: _____

IMPROVEMENT LOCATION PERMIT NBR: _____ Issued _____ Denied: _____

If denied, state reasons: _____