



ADVISORY PLAN DEPARTMENT
 Residential Improvement Location Permit Application
 & Certificate of Occupancy

Date _____
 Township _____
 Map _____
 Parcel _____

ILP # _____

| | APPLICANT | LOT OWNER |
|---------------------|-----------|-----------|
| First/Last Name | | |
| Mailing Address | | |
| City/State/Zip Code | | |
| Phone # | | |

Address at Job Site _____
 Legal Description Attached _____ Acreage _____ Subdivision _____
 Lot # _____ Quarter, Section _____ Township _____ Range _____
 Zoning District _____ Existing Structures/Use _____

Is there a nearby tile, open ditch or stream: Yes No Distance _____
 Flood District _____ Elevation Certificate due in 6 months Yes No

BZA/APC Docket # _____ Final Action _____

Type of Improvement: *CHGU*-Change of Use: From _____ to _____

- | | |
|--|---------------------------------------|
| <i>SFC</i> - Single Family Conventional | <i>2FC</i> - 2 Family Conventional |
| <i>2FMFG</i> - 2 Family Mfg | <i>SFMFG</i> - Single Family Mfg. |
| <i>SFMOD</i> - Single Family Modular | <i>2FMOD</i> - 2 Family Modular |
| <i>MHP</i> - Manufactured Home Permanent | <i>MHT</i> - Mobile Home Temporary |
| <i>ABLD</i> - Accessory Building | <i>ABDA</i> - Accessory Bldg Addition |
| <i>PRKLT</i> - Parking Lot | <i>RA</i> - Room Addition |
| <i>SWPL</i> - Swimming Pool | <i>Other</i> _____ |

Estimated Cost of Proposed Improvement _____

Are Proposed Improvements and Property Lines Clearly Marked or Staked: **Yes No**

County Sanitation Permit # _____ Highway Permit # _____

Manufacture or Modular Type Construction Enter Information Below

Model _____ Roof Type _____
 Make _____ Year _____

Applicant Certification

"I hereby certify that to my best knowledge, the information provided herein is true and correct. I certify that the property owner has authorized me to apply for this permit and that I will inform the owner of the permit conditions. I understand that if I knowingly provide any false information herein, I am subject to any penalties which ordinance or law prescribes. I verify that the building(s) being constructed will be used for residential use only. I understand commercial/industrial uses are prohibited. I assume responsibility for being aware of restrictive covenants (plat or deed), which may effect this proposed improvement. I know that all structures that are authorized with this permit must be completed before the certificate of occupancy will be issued. I recognize that I have one year to start this improvement. If I do not start within this one year time frame than the permit is void."

Signature _____ Date _____
 Staff _____ Date _____

| | | |
|--|--------------|---------------|
| ILP Residential- New Construction, Room Addition/Additional Square Footage: \$30 Base Rate + \$.04 per square feet of building | \$30.00 MIN. | \$500.00 MAX. |
|--|--------------|---------------|

ALL FEES NON-REFUNDABLE

ADVISORY PLAN DEPARTMENT

Residential Improvement Location Permit Application & Certificate of Occupancy
City of Marion, Indiana

Builder:

First /Last Name _____

Address _____

City/State/Zip Code _____

Phone _____

Contractor /Sub-Contractor:

Heating Contractor _____ Type of Heat _____

Plumbing Contractor _____ State Plumbing License # _____

Electrical Contractor _____

Foundation Work _____

Mechanical (HVAC) Work _____

Masonry Work _____

Manufactured home setup _____

I hereby certify that I have the authority to make the foregoing application and that the application and accompanying floor plan are correct and that all construction will comply with all ordinances currently adopted by the City of Marion and any applicable State and Federal regulations. I further certify that the construction will not be used and/or occupied in any manner until all inspections have been made and the City of Marion Advisory Plan Office has issued a certificate of occupancy.

Signature _____ Date _____

-FOR OFFICE USE ONLY-

Application # _____

ILP Fee _____ Building Permit Fee _____ Total Fee _____ Receipt # _____

Released for Construction by: Date
****HOLD TO APPROVED SITE PLAN****

Inspection Date _____ Inspected by _____ Approval Date _____ Approved By _____

-FOR OFFICE USE ONLY-

ADVISORY PLAN DEPARTMENT

Commercial, Industrial, and Public Buildings
Improvement Location Permit Application & Certificate of Occupancy

Date _____
Parcel _____
Township _____
Map _____

ILP # _____

| | APPLICANT | LOT OWNER |
|---------------------|-----------|-----------|
| First/Last Name | | |
| Mailing Address | | |
| City/State/Zip Code | | |
| Phone # | | |

Address at Job Site _____

| Lot or Tract Sizes | Proposed | Required | PLAN COMPLIES/ DOES NOT COMPLY | Initial Field Check | Compliance Review |
|-----------------------------|-----------------|-----------------|---|------------------------------------|------------------------------|
| Width | | | | | |
| Depth | | | | | |
| Area | | | | | |
| Proposed Improvement | | | | | |
| Front Yard SB | | | | | |
| Right Side SB | | | | | |
| Left Side SB | | | | | |
| Rear Yard SB | | | | | |
| Basement | | | | | |
| Height | | | | | |
| Dimensions | | | | | |
| Total Ground Cover | | | | | |
| % of Lot Coverage | | | | | |
| # Off-Street Spaces: | | | | | |
| # Garage Spaces: | | | | | |
| Landscaping: Type | | | | | |
| Distance from road | | | | | |
| Fencing: Type | | | | | |
| Height | | | | | |
| Corner Vision Clearance | | | | | |

BZA CONDITIONS/REQUIREMENTS:

OTHER:

