IMPROVEMENT LOCATION PERMIT APPLICATION

(APPLICATION WILL ALSO BE USED FOR BUILDING, PLUMBING, & ELECTRICAL PERMITS WHEN APPLICABLE)
Shelby County Plan Commission
25 West Polk Street, Room 201
Shelbyville, IN 46176

ILP NUMBER:	
Date:	

P: 317.392.6338 F: 317.421.83	65			
1. Owner:		Contractor (if owner, write owner):		
Name:Address:				
E-mail Address:		E-mail Address:		
2. Location Information: Address of Property:		Township:		
3. Use of Property/Struc				
Proposed Work (check or	•	D		
		Remodel of Residence:		
		ucture: Remodel of Detached Structure:		
Proposed Use of Structure	e:			
4. Cost of Building/Impr	ovements:	_		
5. Required Supplement				
Dimensions (ft X ft):		Height (to peak):		
Electric Included: Yes		Plumbing Included: Yes No		
If included, electric compa	any:	If included, plumbing contractor:		
6. Additional Supplemen	ntal Information (provide if appl	icable to project):		
Floor Area: Gross:	Basement: Firs	t Floor: Attached Porches/Decks:		
Second Floor: Additional Floors: Distance to Nea		Distance to Nearest Building:		
Distance to Well:		Distance to Septic Tank/Field:		
7. Supplemental Materia	ls:			
The following information Site Plan (all application)		the Improvement Location Permit Application □ Health Department Approval Form (all applications)		
□ Homeowner Affidavit (if owner acting as contractor)		□ State Design Release (commercial construction only)		
□ Building Elevations (nev	v residences only)	□ Flood Hazard Area Information (if applicable)		
agent shall be in accorda Location Permit, I will be g	nce with specifications given her loverned by such Zoning and Build information contained on this fo	v construction commenced at the address indicated by me or my eto. I further agree that as a consideration of an Improvement ding Ordinances of Shelby County Indiana, as are now in effect. I brm is complete and accurate and the required supplemental		
Signature of Applicant:		Date:		
Office Use Only				
ILP#:		Date Received:		
B#:	Fee: Receipt #: _	Released for Construction Per:		
E#:				
P#:	Fee:			

To Be Completed By Plan Commission Office

Parcel Number:		Flood Zone: Yes	No
Zoning Checklist -	<u>- A1 & A2</u>	<u>Required</u>	<u>Yes</u>
Min. Lot Area Min. Lot Width Min. Front Yard So Min. Side Yard So Min. Rear Yard So Max. Building Hei	tback etback	A1-20 acres / A2-5 acres 120 feet A1-50ft / A2-60ft 10 feet 10 feet 30 feet	
Living Quarters		Not included _	
Primary Structure only to lots under		At least 1 house, & not more than 1 house	
Accessory Structu	res	No more than A1-5 / A2-3	
Zoning Checklist -	- RE & R1	<u>Required</u>	<u>Yes</u>
Min. Lot Area Min. Lot Width Min. Front Yard So Min. Side Yard So Min. Rear Yard So Max. Building Heig	tback etback	RE-2 acres / R146 acres RE-160 ft / R1-100 ft RE-50 ft / R1-35 ft RE-10 feet / R1-5 ft RE-10 ft/ R1 5 ft 20 feet	
Structure Placeme	ent	Not in front yard	
Primary Structure		At least 1 house, & not more than 1 house	
Living Quarters		Not included _	
Accessory Structu	res	No more than 2	
Size		RE - Cumulative area of all accessory structures cannot exceed = house X 2	
R	1: (adjoining at leas Cumulative a 1: (all other propert	of all accessory structures cannot exceed = st one property <u>not</u> in the A1, A2, RE): area of all accessory structures cannot exceed ties in R1):	ed = house / 2