HARRISON COUNTY PLAN COMMISSION
IMPROVEMENT LOCATION PERMIT APPLICATION

PROPERTY OWNERS NAME_____PHONE_____
and
CURRENT ADDRESS_____ City, Zip_____

BUILDING CURRENTLY ON PROPERTY (*circle one*) Vacant/Single Family Dwelling/Modular/Mobile Home/ Garage/Storage Building/Commercial (State Release #_____)

DIRECTIONS TO PROPERTY_____

_____

Name of person living on property if different from owner_____ Relationship to owner_____

FILL IN REST OF APPLICATION THAT PERTAINS TO THE REASON FOR PERMIT:

REASON FOR PERMIT_____ BUILDING SIZE_____

USE OF BUILDING_____# OF BATHROOMS _____ # OF ½ BATHS____ # OF BEDROOMS____

APPROXIMATE COST_____ EXTERIOR _____BASEMENT (circle) Yes/No Is it: Finished/Unfinished

CHECK WHICH CODE ELECTRICANS WILL USE TO WIRE HOME: 2009 Ind Electric Code ___ or 2020 Ind Residential Code ___

General Contractor_____ Electrician_____ Plumber_____

Phone _____ Phone _____ Phone_____

PERMIT CHECKLIST
____copy of current Health Department Permit (septic for new home or 90 day for existing homes) #_____
____copy of recorded contract or deed (Can get from recorders office).
____copy of driveway permit (not required for additions or existing State Hwy) #_____
____copy of site plan. (need setbacks for front, sides, rear of property & driveway location)
____copy of building plans (foundation & tie down plan for manufactured & Mobile Home). *Year of MH*_____
____copy of town permit if location is within Corydon City Limits. Town Hall Permit#_____
____advanced structural component declaration - attach
Has a variance or special exception ever been applied for or approved for this property____yes ____no. Docket # _____

I agree that, if granted a permit for the above described building at the location designated in the County of Harrison, I will observe and comply with all laws, ordinances, and regulations affecting the use of the land including the Zoning Ordinance and all Ordinances amendatory thereof and supplement thereof now in force in the County of Harrison and consent to inspection of the premises for which the permit is granted, during and upon completion of construction authorized. It is further agreed that upon a determination that the work performed under this permit does not comply with the approved site plan, I will take corrective action, including demolition if necessary, to insure the site improvements comply with all minimum setback requirements. *If a Certificate of Occupancy is required the request must be made within 10 days after final inspection has been passed and before occupation of the dwelling.*

_____ / _____ _____
SIGNATURE OF OWNER OR REPRESENTATIVE PRINT SIGNATURE Date

FOR OFFICE USE ONLY Subject to all conditions stated above by the applicant and any conditions required by the Plan Commission staff,

Administrator/Planner_____Date_____Fee_____

Flood Plain Yes/No (Circle) Comments_____

Construction plans approved by_____ setbacks F_____S_____R_____

PARCEL ID TOWNSHIP_____SECTION_____TWP_____RANGE_____PARCEL_____

PIN_18 __31_____-_____-_____-_____-_____-_____•_____-_____

Project address_____

RECEIPT # _____DATE_____ PERMIT#_____