



DEARBORN COUNTY PLAN COMMISSION

County Administration Building, Suite 300, 215B West High St., Lawrenceburg, IN 47025
Phone (812)537-8821 Fax (812)532-2029 Website: www.dearborncounty.org



PERMIT #

RECEIPT #

LOCATION IMPROVEMENT PERMIT

SITE PLAN REVIEW

Applicant / Contractor Information

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Owner Information (if different from above)

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Site Information

Location:	Section:	Township (#): ()	Range:	Acreage:
Property Map #	Zoning:	Subdivision:	Lot:	

Water & Sewer Facilities (Please check the items that apply...)

<input type="checkbox"/>	Sewer	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Public Water	<input type="checkbox"/>	Well	<input type="checkbox"/>	Cistern
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Existing Use (Please check the items that apply...)

<input type="checkbox"/>	Vacant Land	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Other (*Specify*): _____
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Proposed Improvement(s) (Please check the items that apply...)

<input type="checkbox"/>	Single Family Residence	Dimensions: ____'- ____" x ____'- ____"				
<input type="checkbox"/>	Mobile Home	Height: ____ feet	Square Footage: _____			
<input type="checkbox"/>	Addition	Driveway width at road: ____ feet				
<input type="checkbox"/>	Pole Barn / Shed	PLANNING & ZONING STAFF SECTION:				
<input type="checkbox"/>	Attached / Detached Garage				Needs	Received ↓
<input type="checkbox"/>	Swimming Pool				Health	City / Town
<input type="checkbox"/>	Other (*Specify*): _____				Highway	Developer / POA
<input type="checkbox"/>	FIRM Map #:				BZA	State (ex. flood)
Flood Hazard Area?		Y	N	Sight Distance Notes OK?		
				Y	N	

****NEW ADDRESS:** _____

As applicant, I understand that this application and site plan are being submitted in accordance with: the Dearborn County Zoning & Subdivision Control Ordinances, Title 9 of the Dearborn County Code of Ordinances, and the 'DRIVEWAY PERMIT APPLICATION NOTICE' found on the next page of this application. I understand that I have no more than ninety (90) days to complete this permit request. I further 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