

**New Albany City Plan Commission
New Albany Board of Zoning Appeals**

142 East Main Street, Suite 200
New Albany, Indiana 47150
E-Mail: ssmith@cityofnewalbany.com
Tel: 812.948.5327

**APPLICATION FOR
IMPROVEMENT LOCATION PERMIT**

Attach a copy of the Property Survey, Site Plan, and Assessor's Plat to this application

LOCATION OF PROPERTY: _____

NAME OF APPLICANT: _____ TELEPHONE: _____

APPLICANT'S EMAIL ADDRESS: _____

ADDRESS OF APPLICANT: _____

NAME OF PROPERTY OWNER: _____ TELEPHONE: _____

OWNER'S EMAIL ADDRESS: _____

ADDRESS OF PROPERTY OWNER: _____

APPLICATION IS HEREBY MADE TO (Check ALL That Apply)

- CONSTRUCT A NEW BUILDING
- CONSTRUCT AN ADDITION TO AN EXISTING BUILDING
- ALTER AN EXISTING BUILDING (*Interior Only*)
- ALTER AN EXISTING BUILDING (*Exterior Only*)
- DEMOLISH AN EXISTING BUILDING
- REPAIR AN EXISTING BUILDING
- CHANGE USE OF THE PROPERTY
- OTHER: _____

(Explain)

PRESENT USE OF THE PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

I AGREE, IF GRANTED A PERMIT FOR THE ABOVE-DESCRIBED BUILDING AT THE LOCATION DESIGNATED IN THE CITY OF NEW ALBANY OR ITS TWO-MILE FRINGE AREA JURISDICTION, THAT I WILL OBSERVE AND CONFORM TO ALL LAWS, ORDINANCES, AND REGULATIONS AFFECTING BUILDING AND THE USE OF LAND, INCLUDING ZONING ORDINANCE NUMBER Z-71-449 AND ALL ORDINANCES AMENDATORY THEREOF AND SUPPLEMENTAL NOW IN FORCE IN THE CITY OF NEW ALBANY, AND, I CONSENT TO INSPECTION OF THE PREMISES FOR WHICH THIS PERMIT IS GRANTED BY THE PLAN COMMISSION, BOARD OF ZONING APPEALS, THEIR STAFFS, OR THEIR DESIGNEES OR AGENTS, DURING AND ON COMPLETION OF THE CONSTRUCTION AUTHORIZED. **THIS IS NOT A BUILDING PERMIT** B YOU MUST STILL APPLY FOR AND RECEIVE A BUILDING PERMIT FROM THE DIVISION OF INSPECTION PRIOR TO COMMENCING CONSTRUCTION.

Signed Name

Printed Name

Date

Do NOT Write Below This Line

REPORT OF STAFF:

THE PROPERTY IS ZONED: _____

IN PLAT NUMBER: _____

ON LOT NUMBER: _____

OTHER: _____

FLOOD ZONE VERIFICATION: _____

F.I.R.M PANEL NUMBER: _____

F.I.R.M. EFFECTIVE DATE: _____

PREVIOUS ZONING ACTION ON THIS PROPERTY:

DATE OF HEARING: _____

DOCKET NUMBER: _____

OUTCOME: _____

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- APPROVED AS SUBMITTED
- APPROVED SUBJECT TO THE FOLLOWING:
 - PLAN COMMISSION ACTION REQUIRED
 - BOARD OF ZONING APPEALS ACTION REQUIRED
- DENIED

Staff Signature

Title

Date

EFFECTIVE 9.22.2021/Supercedes all previous applications

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