

Township _____

Map ID Number _____

APPLICATION FOR IMPROVEMENT LOCATION PERMIT

CARROLL COUNTY AREA PLAN COMMISSION

The applicant _____

Hereby applies for a permit to:

_____ Use vacant land _____ Change use of structure

_____ Change use of land _____ Erect a structure

_____ Change a non-conforming use _____ Alter structure

Property location (address)

Situated on the _____ side of _____

_____ feet _____ of the intersection with _____

PROPERTY IS LOCATED ON THE _____ ZONING DISTRICT

Acreage size: Width _____ Depth _____ Area _____

Lot size: Width _____ Depth _____ Area _____

IS PROPERTY IN FLOOD PLAIN _____

Present use of lot or structure _____

Proposed use of lot or structure _____

SITE APPROVED BY HEALTH DEPARTMENT FOR PRIVATE SEWAGE DISPOSAL _____

DRIVEWAY PERMIT ISSUED _____

DESCRIPTION:

Work to be done _____

Square footage _____

Approximate cost _____ Permit Fee _____

Height of proposed structure _____ Feet

Proposed yard sizes: Front depth _____ Rear _____ Feet

(Distance to Property Lines) Side width _____ Side width _____ Feet

Off-street parking provisions: _____

Signs: (number and size) _____

Lot owner _____ Address _____

Leasee _____ Address _____

Architect _____ Address _____

Contractor _____ Address _____

“I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept any permit for which this application is made, the owner shall be made aware of all the conditions of the permit. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by law or ordinance.”

Signature of Applicant

Address

Telephone number

This application must be accompanied by a plot plan showing clearly and completely the location, dimensions, and nature of any structures and such other information as the Zoning Administrator may require for compliance with the Zoning Ordinance, together with a filing fee. Please make checks payable to the Carroll County Treasurer.

This space to be filled out by Zoning Administrator

Application number _____ Date _____

Action taken _____ Date _____

Improvement Location Permit Number _____

Appeal case number _____

Action taken _____ Date _____