



RESIDENTIAL IMPROVEMENT LOCATION PERMIT

Permit Number:
Z-2022-_____

Department of Planning and Economic Development | 815 Lincoln Highway East | New Haven, IN 46774

Applicant Information	
Name:	
Street:	
City:	
State:	Zip:
Phone:	
E-mail	
Property Owner Information	
Name:	
Street:	
City:	
State:	Zip:
Phone:	
E-mail	
Certification and Notice of Intent to Comply	
<p>I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that construction will comply with, and conform to all applicable laws of the State of Indiana. I further certify that the construction will conform with Title XV: Land Usage Codes of the City of New Haven and that there shall be no occupancy and/or use of the project until a Certificate of Compliance is issued by the Zoning Administrator.</p> <p>_____</p> <p>Authorized Agent (printed)</p> <p>_____</p> <p>Authorized Agent (signature)</p> <p>_____</p> <p>Date</p>	

Permit Type	
Residential Dwelling	
\$100	<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Family
	<input type="checkbox"/> Manufactured Home
Room Addition or Accessory Structure	
\$50	<input type="checkbox"/> Room Addition
	<input type="checkbox"/> Accessory Addition
	<input type="checkbox"/> Accessory Building
	<input type="checkbox"/> Deck
	<input type="checkbox"/> Porch
	<input type="checkbox"/> Canopy
\$25	<input type="checkbox"/> Carport
	<input type="checkbox"/> Swimming Pool
	<input type="checkbox"/> Fence
General Project Information	
Address:	
Subdivision:	
Section:	Lot:
Size (sq.ft.):	
Height:	
Est. Completion Date:	
Est. Construction Cost:	
Foundation Type:	
Sewage Disposal: <input type="checkbox"/> sewer <input type="checkbox"/> septic	

Office Use Only			
Zoning:	Township:	FIRM:	Flood Zone: <input type="checkbox"/> X <input type="checkbox"/> AE
Parcel Number:			Receipt:
Comments:			
Approved By:	Date:		

Please contact the Planning Department for a Certificate of Compliance and inspection upon completion of the project.