



COMMERCIAL IMPROVEMENT LOCATION PERMIT

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

Permit Number:
Z-2022-_____

| Applicant Information | |
|---|------|
| Name: | |
| Street: | |
| City: | |
| State: | Zip: |
| Phone: | Fax: |
| E-mail: | |
| Property Owner Information | |
| Name: | |
| Street: | |
| City: | |
| State: | Zip: |
| Phone: | Fax: |
| 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 | | |
|--|---|------------------------------------|
| Please Select a Permit Category | | |
| \$200 | <input type="checkbox"/> Up to 1,500 SF GFA | |
| \$400 | <input type="checkbox"/> 1,501 and 10,000 SF GFA | |
| \$800 | <input type="checkbox"/> Over 10,001 SF GFA | |
| \$200 | <input type="checkbox"/> New Building or <input type="checkbox"/> Addition approved as part of a Secondary Development Plan | |
| \$100 | <input type="checkbox"/> Non-Residential structure not distributed to other agencies for review (please describe below) | |
| Project Information | | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Mixed-Use |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Other |
| Address: | | |
| Parcel No: | | |
| Building Use: | | |
| Est. Construction Cost: | | |
| Est. Completion Date: | | |
| Height: | | |
| Water Provider: | | |
| Sewer Provider: | | |
| | Existing | Added |
| Square Footage | | |
| Parking Spaces | | |
| Employees | | |

| Office Use Only | | | | |
|-----------------|-----------|----------|---|----------|
| Zoning: | Township: | FIRM: | Flood Zone: <input type="checkbox"/> X <input type="checkbox"/> AE | Receipt: |
| Comments: | | | | |
| Approved by: | | Date: | | |
| | | Expires: | | |

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