

For Office Use Only

Application # \_\_\_\_\_ Date \_\_\_\_\_

Town of Montgomery  
Area Plan Commission  
PO Box 57---370 N. Main Street  
Montgomery, IN 47558  
812-486-3298(voice)----812-486-3198(fax)  
[www.montgomeryindiana.net](http://www.montgomeryindiana.net)

Zoning Enforcement Officer---Jeremy Wininger---812-259-9230

**APPLICATION FOR AN IMPROVEMENT PERMIT**

**Type of Work (check all that apply)**

- New Building( Residential  Commercial)  Mini-Barn  Other Accessory Building
- Detached Garage/Carport  Temporary Structure  Signs  Swimming Pool/Fence
- Alteration/Remodeling  Tents(commercial only)  Demolition  To-Grade Permit
- Street/Curb Cut  Manufactured/Mobile Home  Other (fence, antennae, etc)  Re-roofing

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Location of Improvement: \_\_\_\_\_ Present Zoning: \_\_\_\_\_

Structure Type: \_\_\_\_\_ Proposed Improvement: \_\_\_\_\_

Present Use of Premise: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Square Ft of New Construction: \_\_\_\_\_ Height of Structure at Completion: \_\_\_\_\_

# of Bedrooms: New \_\_\_\_\_ Existing \_\_\_\_\_ # of Bathrooms: New \_\_\_\_\_ Existing \_\_\_\_\_

Is a Basement Included: Yes \_\_\_\_\_ No \_\_\_\_\_ # of Parking Spaces: \_\_\_\_\_

Size of Lot: \_\_\_\_\_

Name of Contractor(s) or Self (Enter n/a if not applicable)

General: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Electrical: \_\_\_\_\_

Heating: \_\_\_\_\_ Excavator: \_\_\_\_\_

Utility Suppliers (Check or list as required; Each utility service **must** be located on your drawing)

Electric: \_\_\_\_\_ Water: Town \_\_\_\_\_ Other \_\_\_\_\_

Wastewater: Town \_\_\_\_\_ Other \_\_\_\_\_ Gas: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify this application is true and correct. The proposed improvements shall be installed or constructed only on the property specified in this application. I further understand and agree any improvements installed or constructed over a recorded utility easement, drainage easement, or in violation of the zoning ordinance, whether or not authorized by a permit, is undertaken at the risk of the property owner. In the event access to such easement is required for installation or maintenance of utilities or a violation of the zoning ordinance occurs, the improvement shall be removed at the expense of the owner.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

- Please allow 2-3 weeks for approval of application
- Repairs are required to damaged curb/gutter/street from construction

6/13/2012

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Please draw the site plan in the space provided or attach your own. The following information must be included:

1. Lot dimensions
2. Location of driveways, sidewalks, street, and street names
3. Location of all existing structures with measurements from lot lines to the structures.
4. Location of all proposed construction with measurements from lot lines to proposed structures.
5. Location of all utility lines including gas, water, sewer, electric, and telephone.
6. Location of all utility and drainage easements.
7. Locations of existing or proposed septic field unless on sewer.
8. Setback lines on structure are established at roof drip line.

Site Plan Area (does not need to be to scale)



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Zoning Classification: \_\_\_\_\_ State Design Release Attached: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Floodplain: Yes \_\_\_ No \_\_\_ Septic Permit Attached: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Driveway Permit: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Utility Department Approvals: Water \_\_\_ Sewer \_\_\_ Street \_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Notes: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Improvement Location Permit # \_\_\_\_\_ Issued this: \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Issued By: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_