

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

Room 329, City-County Building  
311 Hauss Square  
New Albany, Indiana 47150  
E-Mail: ssmith@cityofnewalbany.com  
Tel: 1.812.948.5333  
Fax: 1.812.948-5335

**APPLICATION FOR  
IMPROVEMENT LOCATION PERMIT**

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

NAME OF APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

APPLICANT'S FACSIMILE: \_\_\_\_\_ APPLICANT'S EMAIL ADDRESS: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER'S FACSIMILE: \_\_\_\_\_ OWNER'S EMAIL ADDRESS: \_\_\_\_\_

ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

*(Common Address)*

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*

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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

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Staff Signature

Title

Date

EFFECTIVE 5.6.2004/Supercedes all previous applications

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