



**City of New Albany, Indiana
Board of Zoning Appeals
Improvement Location Permit**

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

Date Stamp

APPLICATION FOR IMPROVEMENT LOCATION PERMIT

Attach a copy of the Property Survey and/or Site Plan to this application.

Parcel ID #: _____

Location of Property: _____

Name of Applicant: _____ Phone #: _____

Address of Applicant: _____

Email Address of Applicant: _____

Name of Property Owner: _____ Phone #: _____

Address of Property Owner: _____

Email Address of Property Owner: _____

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 the property: _____

I agree, if granted a permit for the above-described structure 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 Land Use, 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 premises for which this permit is granted by the Plan Commission, Board of Zoning Appeals, their staff, or their designees or agents. During and on completion of the construction authorized. **This is not a building permit.** You must still apply for and receive a building permit from the Building Commission Office prior to commencing construction.

Date: _____

Signature: _____

Printed Name: _____

*****STAFF USE ONLY*****

REPORT OF STAFF:

PROPERTY ADDRESS/PARCEL I.D.: _____

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: _____

____ APPROVED

____ APPROVED SUBJECT OF THE FOLLOWING:

____ PLAN COMMISSION ACTION REQUIRED

____ BOARD OF ZONING APPEALS ACTION REQUIRED

____ DENIED

STAFF SIGNATURE: _____

TITLE: _____

DATE: _____