"Basic" New Business Start-up Package

Set up Pre-application meeting with the Lawrenceburg Zoning Department to determine what permits are required for your specific business and location.

Forms & Applications:

- City Business License
- Historic Preservation Certificate of Appropriateness
- New Tenant Zoning Permit Application
- Improvement Location Permit Application
- Demo / Rehab. Permit Application
- Variance Application
- Right of Way Encroachment License Application
- Sign Permit Application
- Sign Permit Application (Grand Opening)
- Sign Permit Application (Temporary / Special Event)
- Building Permit Application
- Utilities Individual Customer Contract

CONTACT INFORMATION

Mike Clark
Zoning Director
Office: (812) 532-3554
Fax: (812) 532-3559
E-mail: mdc@col-in.net
Web Page: www.lawrenceburg-in.com

CITY OF LAWRENCEBURG

BUSINESS LICENSE APPLICATION

Type of Business _____

Name of Company _____

Business Address _____

(Clerk Treasurer must be notified of any future changes in nature or operation of business!!)

Business Phone _____

SOLE PROPRIETOR
PARTNERSHIP
CORPORATION
NON-PROFIT

Please list all principal officers of partnership or corporation. If needed, add pages.

Name _____
Address _____
Telephone _____ **DOB** _____
Social Security Number _____
Sex _____ **Race** _____

Name _____
Address _____
Telephone _____ **DOB** _____
Social Security Number _____
Sex _____ **Race** _____

Have you ever been arrested for a misdemeanor? YES or NO
If so, please give details.

_____

_____

Have you ever been arrested for a felony? YES or NO
If so, please give details.

_____

_____

Have you ever been suspended or revoked from driving a motor vehicle?
YES or NO

_____

Have you ever been admitted to any state institution?

YES or NO

<u>Clerk Treasurer (For City Use Only)</u>

Date Application Received _____

Date Application Approved/Rejected _____

Date Criminal History Request Mailed _____

Receipt No _____ **Date** _____

Date Criminal History Request Received _____

CITY OF LAWRENCEBURG

HISTORIC PRESERVATION COMMISSION

Lawrenceburg City Administration Building
230 Walnut Street, PO Box 4166
Lawrenceburg, Indiana 47025

Office 812-532-3554
Fax 812-532-3559
E-mail mdc@col-in.net
Web Page www.lawrenceburg-in.com

Michael D. Clark
Administrator

Certificate of Appropriateness Application

APPLICATION NO. _____

APPLICATION FOR REVIEW BY THE LAWRENCEBURG H.P.C.

I, the undersigned, do hereby respectfully make application for your review of my request concerning the property described below.

PROJECT LOCATION: _____

OWNER'S INFORMATION:

NAME _____

ADDRESS _____

PHONE _____

FAX _____

CELL _____

EMAIL _____

CONTRACTOR / APPLICANT INFORMATION:

NAME _____

ADDRESS _____

PHONE _____

FAX _____

CELL _____

EMAIL _____

THE STRUCTURE IS LISTED ON THE L.H.P.C. HISTORIC STRUCTURE INVENTORY MAP

YES _____

NO _____

THE FOLLOWING IS REQUESTED:

CERTIFICATE OF APPROPRIATENESS (STAFF APPROVAL)

CERTIFICATE OF APPROPRIATENESS (L.H.P.C. APPROVAL)

DETAILED DESCRIPTION:

ADDITIONAL INFORMATION MAY BE ATTACHED TO BETER DESCRIBE THE PROJECT

I HEREBY GRANT THE L.H.P.C. MEMBERS OR STAFF TO ENTER UPON SAID PREMISIS TO INSPECT THE PROPOSED PROJECT, SOLEY IN PERFORMANCE OF THEIR DUTIES.

APPLICANT NAME: _____
printed

_____
signature

DATE: _____

OFFICE USE ONLY

UTILITIES APPLIED FOR / APPROVED _____
(UTILITY DIRECTOR'S SIGNATURE)

CERTIFICATE OF APPROPRIATENESS _____

ISSUED THIS _____ **DAY OF** _____, _____

BY _____
(L.H.P.C. ADMINISTRATOR)

CITY OF LAWRENCEBURG

"NEW TENANT" ZONING CERTIFICATE APPLICATION

APPLICATION NUMBER _____ **Date Received** _____

Business Location: _____

Type of Business: _____

Name of Business: _____

PROPERTY OWNER'S INFORMATION:

Name: _____

Street: _____

City / State: _____

Phone: _____

Fax: _____

Cell Phone: _____

E-mail: _____

Contact: _____

TENANT'S INFORMATION:

Name: _____

Street: _____

City / State: _____

Phone: _____

Fax: _____

Cell Phone: _____

E-mail: _____

Contact: _____

LOCATION INFORMATION

Zoning District: _____

Present Use: _____

Proposed Use: _____

Historic Certificate: _____

Business License: _____

Site Plan: _____

Applicants Signature: _____ **Date:** _____

****

OFFICE USE ONLY

Zoning Officer Signature: _____

Zoning Certificate Fee: **$25.00**

Cash _____ **Check #** _____ **Receipt** _____ **Received By** _____

ILP#_____ **Issued This** _____ **Day of** _____, _____

CITY OF LAWRENCEBURG

IMPROVEMENT LOCATION PERMIT APPLICATION

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Type of Project: _____

PROPERTY OWNER'S INFORMATION:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Applicant's / Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Developer's / Builder's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

PROJECT DESCRIPTION

Building Size:	_____	Front Yard Setback:	_____
Building Height:	_____	Rear Yard Setback:	_____
Lot Size:	_____	Right Yard Setback:	_____
Materials Used:	_____	Left Yard Setback:	_____
Project Cost:	_____	Zoning District:	_____
Floodplain Info.:	_____	Present Use:	_____
Floor Elevation:	_____	Proposed Use:	_____
Site Plan:	_____	Construction Plans:	_____
Soil Erosion Control:	_____	Storm Water Plans:	_____
"Rule 5" Permit:	_____	I.N.D.O.T. Permit	_____
I.D.E.M. Permit:	_____	I.D.N.R. Permit:	_____
F.E.M.A. Permit:	_____	Corp of Engineers Permit:	_____
Demo/Rehab. Permit:	_____	S/SE&O Permit:	_____
Historic Certificate:	_____	G.E. & F. Permit:	_____

Applicant's Signature: _____ **Date:** _____

****

OFFICE USE ONLY

Improvement Location Permit Number: _____

Site Plan Review Completed & Approved:

Zoning (Title XV): _____

Electric / Metering: _____

Water / Sewer: _____

Fire / Emergency Rescue: _____

Zoning Certificate $_____ **Review $**_____ **Total $**_____

Cash _____ **Check No.** _____ **Receipt No.** _____ **Received By** _____

Issued This _____ **Day of** _____, _____

*D/R#*_____ *Project Location*_____

CITY OF LAWRENCEBURG

Civil City / Engineering

Michael D. Clark
Director of Engineering, Zoning, Floodplain Mgt & Historic Preservation.

Lawrenceburg City Administration Building
230 Walnut Street, PO Box 4166
Lawrenceburg, Indiana 47025

Office 812-532-3554
Fax 812-532-3559
E-mail mdc@col-in.net
Web Page www.lawrenceburg-in.com

Demo / Rehab Permit Requirements

1. **Obtain an environmental survey for asbestos and / or other hazardous materials to determine demolition procedures and disposal methods.**
2. **Submit Environmental Survey report to I.D.E.M. and obtain I.D.E.M. Permit if necessary.**
3. **Generate site plan for the affected area including a written description of the work to be done.**
    a) **Area map**
    b) **Owners information**
    c) **Contractors information**
    d) **Soil erosion control plan**
    e) **Disposal plan**
    f) **Grading, excavating and fill plan**
    g) **Restoration schedule and plan**
    h) **Proposed use of land**
4. **Proof of compliance with I.D.E.M.**
5. **Proof of insurance**
6. **Surety**
7. **Obtain written approval from Owner, Mortgage or Lien Holder for demo.**

    signature;_____
8. **Obtain written approval from the City Engineer.**

    signature;_____
9. **Permit # _____ issued this _____ day of _____ , _____**
10. **Project released this _____ day of _____ , _____ by _____**
    initials

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State From 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one): Original ____ Revised * ____ Canceled ____ Courtesy ____
* Must include copy of notification which is being revised

II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone #: _____

Removal Contractor	Demolition Contractor
Address:	Address:
City: State: Zip:	City: State: Zip:
Contact: Phone:	Contact: Phone:
IN License #: Expiration:	

	(Required for asbestos projects at schools K – 12)
Inspector:	Project Designer:
Address:	Address:
City: State: Zip:	City: State: Zip:
IN License #: Expiration:	IN License #: Expiration:
Phone:	Phone:

III. TYPE OF OPERATION (check one) Renovation: ____ Emergency Renovation: ____
Intentional Burning: ____ Demolition: ____ Ordered Demolition: ____

IV. IS ASBESTOS PRESENT? (check one) YES: ____ NO: ____

V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL

VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)

	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)					
Total Volume (CuFt) on/off Components					

VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: _____ End: _____

VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: _____ End: _____

IX. FACILITY DESCRIPTION (Including building name, floor, and room number)

Building Name: _____

Street Address: _____

City: _____ State: _____ County: _____

Location of removal within building: _____

Building Size (SqFt): _____ # of Floors: _____ Age: _____

Present Use: _____ Prior use: _____

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER:

XIII. WASTE TRANSPORTER

Name:

Address:

City: State: Zip:

Contact: Phone:

XIV. WASTE DISPOSAL SITE

Name:

Address:

City: State: Zip:

Contact: Phone:

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name: Title: Date ordered to begin:

Authority: Date of Order:

XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency:

Description of sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage:

XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

Owner/operator (signature) date

Owner/operator (printed) affiliation

********** OFFICE USE ONLY **********

POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:

CITY OF LAWRENCEBURG
BOARD OF ZONING APPEALS
"APPLICATION FOR VARIANCE"

APPLICATION NUMBER: _____

PREMISES AFFECTED:

Street Address: _____

Tax Parcel #'s: _____

_____

PRESENT ZONING CLASSIFICATION: _____

PROPERTY OWNER'S INFORMATION:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

TENANT'S / APPLICANTS INFORMATION:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

TYPE OF APPEAL: (Check the appropriate response)

Request for a Special exception, Special Use, Contingent Use, Conditional Use _____

Request for a Variance of Use _____

Request for a Variance of Development Standards _____

STATE EXPLANATION OF REQUESTED APPEAL:
(Cite the Chapter and Section of the Zoning Ordinance which applies and/or creates the need for this Appeal and state what you want to do and explain the necessity of this request)

Chapter and Section: _____

_____

_____

_____

_____

Explanation of Request:

_____

_____

_____

_____

_____

_____

STATE REASONS SUPPORTING THE APPEAL:

_____

_____

_____

_____

_____

_____

PRESENT USE OF THE PROPERTY: _____

PROPOSED USE OF THE PROPERTY: _____

Are there any restrictions, laws, covenants governing the property which would prohibit its use for the purpose specified in this application? If answer is "yes", answer below or attach a copy.

_____

_____

_____

_____

_____

Has there been any pervious appeal filed in connection with this property?

YES _____

NO _____

If answer is "yes", give the date and the decision of the appeal.

Date: _____

Decision: _____

Variance # _____

APPLICANT'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

The foregoing application has been inspected by me and was filed with the office of the City of Lawrenceburg Board of Zoning Appeals in accordance with all the formal requirements and procedures.

Signed: _____ Date: _____

(Zoning Officer)

LAWRENCEBURG
BOARD OF ZONING APPEALS
FINDING OF FACT FOR
DEVELOPMENT STANDARDS VARIANCE
PETITION

VARIANCE APPLICATION NO. _____ **HEARING DATE** _____

1. The grant not be injurious to the public health, safety, morals and general welfare of the community because:
   _____
   _____
   _____

2. The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner because: _____
   _____
   _____

3. The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the Property because: _____
   _____
   _____

4. Any variance requested represents the smallest deviation possible because: _____
   _____
   _____

5. The approval of the variance requested is not based upon legally existing nonconformities of a similar nature, in the same zoning district nor regulations from other zoning districts. _____

DECISION

IT IS THEREFORE, the decision of this body that this VARIANCE PETITION is granted, subject to any Conditions stated in the minutes (which conditions are incorporated herein by reference and made part of this decision).

Adopted this _____ day of _____, 20____

_____ _____

_____ _____

ATTEST:
Secretary_____

LAWRENCEBURG
BOARD OF ZONING APPEALS
FINDING OF FACT FOR USE VARIANCE
PETITION

VARIANCE APPLICATION NO. _____ **HEARING DATE** _____

1. The grant not be injurious to the public health, safety, morals and general welfare of the community because:
   _____
   _____
   _____

2. The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner because:_____
   _____
   _____

3. The need for the variance arises from some condition particular to the property involved because:_____
   _____
   _____

4. The strict application of the terms of the zoning ordinance will constitute an unnecessary hardship if applied to the property for which the variance is sought because:_____
   _____
   _____

5. The approval of this application for variance does not substantially interfere with the City's comprehensive plan._____

6. The approval of this application is not based upon legally existing nonconforming uses in the same zoning district nor permitted uses in other zoning districts. _____

DECISION

IT IS THEREFORE, the decision of this body that this VARIANCE PETITION is granted, subject to any conditions stated in the minutes (which conditions are incorporated herein by reference and made part of this decision).

Adopted this _____ day of _____, 20____

_____ _____

_____ _____

ATTEST:
Secretary_____

CITY OF LAWRENCEBURG

RIGHT-OF-WAY ENCROACHMENT LICENSE APPLICATION

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Type of Project: _____

Property Owner's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Contractor's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

SITE INFORMATION

Historic Certificate: _____ Zoning District: _____

Floodplain Info.: _____ Present Use: _____

S&SE&O Permit: _____ Proposed Use: _____

Site Plan: _____ Construction Plans: _____

PROJECT DESCRIPTION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant's Signature: _____ **Date:** _____

****

OFFICE USE ONLY

License Number: _____ **Zoning Officer:** _____

License Fee: **$50.00**

Cash _____ **Check No.** _____ **Receipt No.** _____ **Received By** _____

Issued This _____ **Day of** _____, _____

CITY OF LAWRENCEBURG

IMPROVEMENT LOCATION PERMIT
SIGN APPLICATION

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Property Owner's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Contractor's / Manufacturer's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

SIGNAGE DESCRIPTION

Type of Sign: _____

Signage Placement:

Ground _____ Pole _____ Wall _____ Awning _____ Window _____ Other _____

Type of Lighting: _____

Pole Sign Height: _____ Number of Signs: _____

New Signage Dimensions: (dimensioned drawings and site plan must accompany this application)

Ground Mounted: _____ sq. ft. Pole: _____ sq. ft.

Wall: _____ sq. ft. Awning: _____ sq. ft.

Window: _____ sq. ft. Other: _____ sq. ft.

New Signage Total: _____ sq. ft.

Existing Signage Dimensions:

Ground Mounted: _____ sq. ft. Pole: _____ sq. ft.

Wall: _____ sq. ft. Awning: _____ sq. ft.

Window: _____ sq. ft. Other: _____ sq. ft.

Existing Signage Total: _____ sq. ft.

Existing Signs to be Remove or Replaced: _____

Proposed Total Signage at Location (existing plus new) if Permitted: _____ sq. ft.

SITE INFORMATION

Zoning District: _____ Front Yard Setback: _____

Zoning Compliant: _____ Right Side Yard Setback: _____

Historic Certificate: _____ Left Side Yard Setback: _____

Site Plan: _____ Rear Yard Setback: _____

Applicant's Signature: _____ **Date:** _____

****

OFFICE USE ONLY

Zoning Officer Signature: _____

Zoning Certificate $_____ **Review $**_____ **Total $**_____

Cash _____ **Check No.** _____ **Receipt No.** _____ **Received By** _____

ILP# _____ **Issued This** _____ **Day of** _____, _____

CITY OF LAWRENCEBURG

IMPROVEMENT LOCATION PERMIT
GRAND OPENING SIGN APPLICATION

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Property Owner's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Contractor's / Manufacturer's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

SIGN DESCRIPTION

Type of Sign: **30 DAY BUSINESS GRAND OPENING SIGN (32 square feet maximum)**

Signage Placement:

Ground _____ Pole _____ Wall _____ Awning _____ Window _____ Other _____

Type of Lighting: _____

Sign Dimensions: (dimensioned drawing and site plan must accompany this application)

Ground Mounted:	_____ sq. ft.	Pole:	_____ sq. ft.
Wall:	_____ sq. ft.	Awning:	_____ sq. ft.
Window:	_____ sq. ft.	Other:	_____ sq. ft.

SITE INFORMATION

Zoning District:	_____	Front Yard Setback:	_____
Zoning Compliant:	_____	Right Side Yard Setback:	_____
Historic Certificate:	_____	Left Side Yard Setback:	_____
Site Plan:	_____	Rear Yard Setback:	_____

Applicant's Signature: _____ **Date:** _____

****

OFFICE USE ONLY

Zoning Officer Signature: _____

Permit Fee: NO CHARGE

Beginning Date: _____ **Ending Date:** _____

ILP# _____ **Issued This** _____ **Day of** _____, _____

CITY OF LAWRENCEBURG

IMPROVEMENT LOCATION PERMIT
SIGN APPLICATION
(Temporary / Special Event)

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Property Owner's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Contractor's / Manufacturer's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

SIGNAGE DESCRIPTION

Installation Date:_____ Removal Date:_____

Signage Placement:

Ground _____ Pole _____ Wall _____ Awning _____ Window _____ Other _____

Type of Lighting: _____

Number of Signs (maximum of 3 per event): _____

Signage Dimensions: (dimensioned drawings and site plan must accompany this application)

Ground Mounted:	_____ sq. ft.	Pole:	_____ sq. ft.
Wall:	_____ sq. ft.	Awning:	_____ sq. ft.
Window:	_____ sq. ft.	Other:	_____ sq. ft.

SITE INFORMATION

Zoning District:	_____	Front Yard Setback:	_____
Zoning Compliant:	_____	Right Side Yard Setback:	_____
Historic Certificate:	_____	Left Side Yard Setback:	_____
Site Plan:	_____	Rear Yard Setback:	_____

Applicant's Signature: _____ **Date:**_____

****

OFFICE USE ONLY

Zoning Officer Signature: _____

Zoning Certificate $_____ **Review $**_____ **Total $**_____

Cash _____ **Check No.** _____ **Receipt No.** _____ **Received By** _____

ILP# _____ **Issued This** _____ **Day of** _____

BUILDING PERMIT APPLICATION

CITY OF LAWRENCEBURG/GREENDALE, INDIANA

PHONE: 812-532-3572 FAX 812-537-2759

Date:_____ Permit Number_____			
Owner:	**Mail Address**		**Phone:**
Site Location:			**Township:**
Contractor:	**Mail Address**		**Phone:**
Architect or Engineer:	**Mail Address**	**Phone:**	**License#:**
Plumber:	**Mail Address**	**Phone:**	**License#:**
Electrician:	**Mail Address**		**Phone:**
HVAC:	**Mail Address**		**Phone:**
Foundation Contractor:		**Lender:**	
Describe Work:			
Valuation of Work:		**Permit Fees:**	

Notice:
This permit becomes null and void if work or construction, Authorized is not completed within 1 year after date of issuance.

ALL REQUESTS FOR INSPECTION RECD. AFTER 9 AM WILL BE PERFORMED ON THE FOLLOWING WORKING DAY. A MINIMUM OF 24 HRS NOTICE MUST BE GIVEN FOR AN INSPECTION. NOTICE WILL BE GIVEN IN PERSON OR BY TELEPHONE TO THE BLDG. COMM. OFFICE AT THE CITY OF LAWRENCEBURG ADMNINISTRATION BUILDING.

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified hereon or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify that the construction will not be used or occupied until a letter of substantial completion, per 675 IAC 12.6.6.10 GAR, has been recieved. Once recieved, a certificate of occupancy will be issued by the Building Commissioner of The City of Lawrenceburg, Indiana.

Email: _____

_____ **DATE**_____

SIGNATURE OF CONTRACTOR/AGENT OWNER

Type of Const_____
Size of Bldg (Total sq. ft.)_____
No. of Dwelling units_____

Special Approvals	Req.	Received	N/R
Zoning			
Health Dept.			
BZA			
IDFBS			

Other conditions: No certificate of Occupancy will be issued until an approved "As-Built" has been received.

Other conditions (specify)_____

_____

_____

Occupancy designation_____

Location improvement #:_____

Plans checked by:_____

Commissioner:_____

Must bring in lease/proof of purchase, photo id, and cash deposit. Residential deposit $200 Commercial/Realtor deposit $300

City of Lawrenceburg
Utilities Individual Customer Contract

Please present this form at the LMU Office at 230 Walnut Street Lawrenceburg, IN. 47025
Office: (812)532-3500 Fax (812)532-3515

Please print or type full legal name:

Last Name: _____ First Name: _____ Middle Initial: _____

Service Address: _____

Billing Address: _____

Social Security # :_____(Optional) Date of Birth (Day Month Year) _____

Telephone #: _____ E-Mail Address: _____

I am the Property Owner { } Tenant { } Other { } (Explain): _____

Name of the Property Owner: _____ Owner's Ph. #: _____

Your Employer's Name: _____ Employer's Ph. #: _____

Requested Date of Change: _____ Customer Acct. #: _____

I am a new customer to Lawrenceburg Utilities Yes { } No { }

In the event of an emergency concerning your utility service, please provide us with the following emergency contact information:
Name: _____ Telephone #: _____
Cell # : _____

I hereby contract with the City of Lawrenceburg Utilities (LMU) for service and agree to LMU for such service in accordance with its established rates. I also agree to conform to all LMU Rules, Regulations, and Standards of Service and applicable Indiana Law, governing the use of water, wastewater, and electric now in force or which may hereafter be adopted. The Customer agrees that the Municipality shall have the convenient and practical access, location, and right-of-way to, and upon, the Customer's property as may be necessary to properly furnish and maintain the utility equipment required to serve said customer.

Signature: _____
Date: _____