



CITY OF LOGOOTE

Building Permit Application

Location

Address _____

Subdivision _____ Suite# _____

Project _____ Zoning _____

Parcel# _____ Flood Plain: YES _____ NO _____

800-382-5544--Locate ticket# _____

Contractor

Name _____ Telephone _____

Address _____

Owner

Name _____ Telephone _____

Address _____

Dimensions

Lot: Length _____ Width _____ Structure: Length _____ Width _____

Building type: _____ **Attach: A copy of the site plan &
A copy of approved Construction Design release for Class 1 Structure**

The undersigned agrees that any construction, reconstruction, enlargement, relocation or alteration of Structures, or any change in the use of land or structure requested by this application will comply with And conform to all applicable laws of the State of Indiana and Ordinances of the City of Loogootee, IN Adopted under the authority IC36-7-4 and all acts amendatory therto.

Applicant

Signature _____ Date _____

Building Commissioner- Tim Hudson 812-296-0471

LOGOOTE E BZA/PC

_____, having requested action by the
Loogootee Board of Zoning Appeals/Plan Commission/Review Committee on my l

Land located at _____

Loogootee, Indiana, do hereby consent to allow members of the Loogootee

BZA/PC and other City officials to come onto the property at said address to

Inspect the property for purposes of making a decision on my Application for Action by

the Loogootee Board of Zoning Appeals.

Applicant

BUILDING PERMIT

CITY OF LOOGOOTEE, 401 N. JFK AVE., LOOGOOTEE, IN.47553
(812-295-4770)

Permit Number: _____

Date: _____

Issued To: _____

Type of Structure: _____

Legal Description/Parcel ID: _____

Address: _____

(In Accordance with Loogootee Title 16 Zoning Ordinance)

Issued By: *Tim Hudson, Building Commissioner*

Notice

This permit shall be posted in a conspicuous location on the premises and shall remain in place during the entire period of construction or, if any changes or deviations are made from the original application, a new permit is required. Building Permits are valid for one year from date of issue.

___ Accepted

___ Denied

___ Resubmit

Commissioner Comments _____
