

Office of the City Engineer
 222 N. Chauncey Ave., room 102
 West Lafayette, IN 47906
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IMPROVEMENT LOCATION PERMIT

<u>Office Use Only:</u>	
<u>FEMA Flood Zone?</u>	
Yes	No

PROJECT LOCATION: _____
ADDRESS OF CONSTRUCTION SITE

LOT NUMBER	SUBDIVISION	PARCEL NUMBER
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OWNER:

NAME	PHONE	EMAIL
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STREET	CITY	STATE	ZIP
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CONTACT/CONTRACTOR*:

NAME	PHONE	EMAIL
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STREET	CITY	STATE	ZIP
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- A. Type of Primary Use:**
- Single Family Residence
 - Multi-Family (No. of Units _____)
 - Commercial
 - Office/Research
 - Other (specify) _____

- B. Type of Construction:**
- New Structure
 - Addition, Remodel or Repair of Existing Structure
 - Electrical Upgrade (____ amp to ____ amp)
 - Demolition Only (No. of Units _____)
 - Change of Use Only
 - Build-Out
 - Other (specify) _____

C. Description of Work: _____

D. Square Footage of Project: _____

E. Proposed Building Setbacks:
 *SITE PLAN MUST BE INCLUDED WITH APPLICATION
 Front _____ Side _____ / _____ Rear _____

F. Historical District Yes No
 *IF SO PLEASE ATTACH HISTORIC PRESERVATION COMMITTEE APPROVAL

G. Estimated Cost of Construction: _____

***IF MORE THAN ONE CONTRACTOR FOR PROJECT YOU MUST COMPLETE A CONTRACTORS/SUB-CONTRACTORS LIST**

Construction must begin within **90 days** of the issuance of an Improvement Location Permit. Construction is to be complete within **one year** of the issuance of an Improvement Location Permit unless a longer time is authorized by the Building Official. As owner or representative of the property for which this application is being filed, I hereby certify that the building and/or land will be used only for the Primary Use listed in Section A, in accordance with the Unified Zoning Ordinance of Tippecanoe County. I further agree that this building (or portion thereof) authorized by this Improvement Location Permit will not be occupied until such time as any known code violations are corrected and until such time as a final inspection has been made and a Certificate of Occupancy has been issued. **Sign permits require a separate form.**

OWNER'S NAME (PLEASE type or print)	OWNER'S SIGNATURE	DATE
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FOR OFFICE USE ONLY

Date Received: _____ Permit Number: _____

FEES: Building _____ Sewer Tap _____ Recovery Fee _____ Total Tap Fee _____ Other _____

FINES: _____ **TOTAL:** _____ **APPROVED BY:** _____
Authorized Signature Date

CERTIFICATE OF OCCUPANCY GRANTED: _____
Authorized Signature Date

CONDITIONS: _____

PERMIT NUMBER: _____

