

Building Department

1200 N. Salisbury St.
West Lafayette, IN 47906
765-775-5130
building@wl.in.gov
www.westlafayette.in.gov



APPLICATION #: _____

IMPROVEMENT LOCATION PERMIT

PROJECT LOCATION: _____
ADDRESS OF CONSTRUCTION SITE NAME OF BUSINESS

LOT NUMBER SUBDIVISION PARCEL NUMBER

OWNER: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

CONTACT/CONTRACTOR*: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

A. Type of Primary Use:

- Single Family Residence
- Multi-Family (No. of Units _____)
- Commercial
- Fraternity/Sorority
- Rental
- Other (specify if PDMX) _____

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. Estimated Cost of Construction: _____

G. Historical District Yes No

H. Special Flood Hazard Area: Yes No

J. Energy Code: Performance____ **Prescriptive**____ **UA**____

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 or OWNER'S AGENT NAME (PLEASE type or print) SIGNATURE DATE

FOR OFFICE USE ONLY

Date Received: _____ Application Number: _____

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

Fines _____ Toter _____ **TOTAL:** _____ **APPROVED BY:** _____
Authorized Signature Date

CERTIFICATE OF OCCUPANCY GRANTED: _____
Authorized Signature Date

CONDITIONS: _____

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IMPROVEMENT LOCATION PERMIT

Senate Enrolled ACT No. 393: Fire Safety Notification

- Requirements:**
- Class 1 or 2 Structure
 - Permits issued after 6/30/2018
 - Reporting use of "Advanced Structural Components" (Lightweight I-joist or roof trusses)

Street Address: _____

Township/County _____

Types of Advanced Structural Components used: _____

Location in structure: (Ex: roof, floor, etc.) _____

For Office Use Only:

Sent to Emergency 911 on: _____

Sent to W.L.F.D. on: _____

Sent to P.U.F.D. on: _____

Sent to Wabash Township F.D. on: _____