

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE



--PLEASE PRINT
--PROVIDE A VALID PHOTO ID WITH THIS FORM

RESIDENTIAL SERVICE:

\$10.00 FEE

STATEMENT OF INTENT: WE PROPOSE TO ESTABLISH WATER SERVICE

Single Family _____ Multi-Family _____ Date: _____

Applicant Name: _____ Phone: _____

Address: _____

Billing Address (if different from above) _____

Subdivision: _____ Unit #: _____ Lot# _____

Date of Possession: _____ Move in Date: _____

APPLICANT SIGNATURE: _____

COMMERCIAL / BUSINESS:

\$25.00 FEE

STATEMENT OF INTENT: WE PROPOSE TO ESTABLISH COMMERCIAL/BUSINESS COMPLIANCE

Name of Business: _____ Date: _____

Business Owner Name: _____ Phone: _____

Business Owner Address: _____

Type of Business: _____

Business Address: _____

Parking Spaces: _____ Seating Capacity: _____ Date of Possession: _____

PLEASE CIRCLE YES OR NO:

Any Carpentry to be done: YES NO

Any Electrical to be done: YES NO

Any Plumbing to be done: YES NO

BEFORE STARTING ANY TYPE OF CONSTRUCTION:

CALL BUILDING DEPT FOR FURTHER INFORMATION: 219-865-4228

Off street loading: YES NO

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

ZONING DESIGNATIONS: RD R1 R2 R4 R5M B1 B2 1PUD SUB R/B

TEMPORARY APPROVAL: _____

PERMIT# _____

FINAL APPROVAL: _____

RECEIPT# _____

DATE: _____

PREPARED BY: _____

CZC# _____