



**ADVANCED APPLICATION
IMPROVEMENT/BUILDING PERMIT**
(ZONING OR STRUCTURAL CHANGES)

**TOWN OF LONG BEACH, INDIANA
2400 ORIOLE TRAIL
LONG BEACH, INDIANA 46360-1614
(219) 874-6616 FAX (219) 879-6099**

Permit No _____
Contractor _____

*permit is required for any real property improvements or construction repairs, remodels, alterations that cost over \$500.00

I. Location of Structure

Address _____ Zoning District _____

Property Owner _____

II. Total Cost of Improvement \$ _____

III. Duration of Project

Proposed Start Date _____ Target Completion _____

IV. Type of Work

Zoning

- Deck
- Flat Work/Pavers
- Additions
- Detached Garage
- Screened Porch/Multi Season Room
- Swimming Pool/ Hot Tub
- Yard Feature/Landscaping
- Other _____

Existing with Structural Changes

- Bath
- Kitchen
- Basement
- Int. Remodel
- Other _____

V. Description of Work

VI. Necessary Documentation

- Survey showing property pins
- Engineering/Architectural Plans showing elevations, sections, and floor plans
- Zoned lot current and proposed square-foot calculations of all structures
- Release from the Board of Health (when applicable)
- Street cut permit (when applicable)
- Other (as deemed necessary by the Building Commissioner)

VII. Identification

Applicant _____ Telephone _____

Contractor _____ Telephone _____

Architect/Engineer _____ Telephone _____

I, the owner or the owner's authorized agent, certify that the information on this form, plot plans, and other required construction plans/document is complete and accurate. I will be responsible for all work allowed by permit granted under this form being in conformance with the information on the required plot plans, construction plans, this form and all applicable laws of any act of commission or omission by or on behalf of the undersigned, his/her agent, principal, contractor, subcontractor, materials man, or supplier.

Printed Name _____

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE...DEPARTMENT USE ONLY

Application Date Received _____

Permit Fee \$ _____

- Cash
- Check
- Money Order

Approved By _____ Date _____

Denied By _____ Date _____

Reason for Denial
