

PERMIT NO. \_\_\_\_\_

CONTRACTOR NO. \_\_\_\_\_

# APPLICATION LAND DISTURBANCE PERMIT



**TOWN OF LONG BEACH, INDIANA**  
2400 ORIOLE TRAIL  
LONG BEACH, INDIANA 46360-1614  
(219) 229-9091  
FAX (219) 879-6099

**\*Ordinary High Water Mark(OHW) of Lake Michigan is 581.5',IGLD 1985\***

### I. LOCATION OF WORK

Address \_\_\_\_\_ Zoning District \_\_\_\_\_  
(No.) (Street)

Between \_\_\_\_\_ and \_\_\_\_\_  
(Stop #) (Stop #)

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot Size \_\_\_\_\_

### II. TYPE AND COST OF DISTURBANCE

<p><b>A. TYPE OF DISTURBANCE</b></p> <p>1 <input type="checkbox"/> Existing Sand Moving(above OHM)</p> <p>2 <input type="checkbox"/> Addition of Sand(list origin and type)</p> <p>3 <input type="checkbox"/> Moving of Sand(Below OHM) *Please refer to item #5 on</p> <p>Guidelines attached</p> <ul style="list-style-type: none"> <li>- Copy of MS4 REQUIRED Review for lots larger than 1 acre</li> <li>- Resolution #0206 – Steep slope adherence/review required</li> </ul>	<p><b>B. OWNERSHIP</b></p> <p>4. <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc)</p> <p>5. <input type="checkbox"/> Public (Federal, State, or local government)</p> <hr/> <p><b>C. COST</b></p> <p>6. TOTAL COST OF IMPROVEMENT.....\$ _____</p> <p>7. Estimate of material being moved(in tons): _____</p>
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D. SEPTIC – LaPorte Co. Permit #: \_\_\_\_\_

E. DNR(where required) Permit #: \_\_\_\_\_

F. Army Corps of Engineers(where required) Permit #: \_\_\_\_\_

G. Public Beach Access #: \_\_\_\_\_

8. Proposed Start Date: \_\_\_\_\_

9. Project Duration(days/weeks/months): \_\_\_\_\_

JOB DESCRIPTION *(If use of existing building is being changed, enter proposed use and describe in detail):*

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**IV. IDENTIFICATION – To be completed by all applicants**

Name		Mailing Address – Number, Street, City , State & Zip	Telephone
1. Owner or Lessee			
2. Contractor			REG #:
3. Architect or Engineer			

I, the owner or the owner’s authorized agent, certify that the information on this form, the required plot plans, and on the required construction plans is complete and accurate. I will be responsible for all work allowed by permits granted under this form being in conformance with the information on the required plot plans, construction plans, this form and all applicable laws and ordinances. I agree to hold harmless and indemnify the Town of Long Beach for any claim against the Town as the result 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 of Applicant

Address

Date

**DO NOT WRITE BELOW THIS LINE**

**VII. ZONING PLAN EXAMINER’S NOTES**

DISTRICT

USE

FRONT YARD

SIDE YARD

CORNER SIDE YARD

REAR YARD

TRANSITIONAL YARD

N

S

E

W

FLOOD ZONE

YES

NO

**COUNTY SEPTIC PERMIT #:**

**DIG TICKET#:**

NOTES:

**VIII. VALIDATION – For office use only**

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Fee Waived

Other Fee \$ \_\_\_\_\_

Plan Review \$ \_\_\_\_\_

**Total Fee** \$ \_\_\_\_\_

Approved By:

\_\_\_\_\_ Title

\_\_\_\_\_ Date