

**TOWN of ASHLEY**  
**Application: Improvement Location Permit**

Date: \_\_\_\_\_

Permit No: \_\_\_\_\_

The undersigned agrees that any construction, reconstruction, enlargement, relocation, or alteration of structure(s), or any changes in use of the land or structure(s) requested by this application will comply with and conform to all applicable laws of the State of Indiana and ordinances of the Town of Ashley, adopted under the authority of Chapter 174, General Assembly of the State of Indiana, and all acts amended thereto.

Name of Applicant \_\_\_\_\_

Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Owner Name, Address, & Phone No. (If different from Applicant) \_\_\_\_\_

Address of property where improvement(s) will be located \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Block No \_\_\_\_\_ Lot No. \_\_\_\_\_

Present use of the property \_\_\_\_\_

Note: Every application for an Improvement Location Permit shall be accompanied by a site plan, showing the location of the structure(s), improvement(s), or use to be altered, placed, erected or located, the dimensions of the lot(s) to be improved, the size of the yards and open spaces, existing and proposed streets and alleys adjoining or within the lot(s), and the manner in which the location is to be improved.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
 Owner Authorized Agent

This is to certify that \$25.00 non-refundable fee was received this \_\_\_\_\_ day of \_\_\_\_\_ for an Improvement Location Permit Receipt # \_\_\_\_\_

The bottom section to be completed by the Zoning Administrator / Inspector  
 Type of Permit:

_____ House	_____ Garage	_____ Deck/Porch/Patio
_____ Modular	_____ Signs	_____ Pond
_____ Mobile Home	_____ Accessory Building	_____ Commercial
_____ Fence	_____ Additions	_____ Industrial
_____ Other		

Size of Structure(s) \_\_\_\_\_ ft. X \_\_\_\_\_ ft. Basement \_\_\_Yes \_\_\_No  
 Area \_\_\_\_\_ Sq Ft Bldg Ht \_\_\_\_\_ Ft No. Floors \_\_\_\_\_

Type of material used: \_\_\_\_\_

Lot size: \_\_\_\_\_ ft. X \_\_\_\_\_ ft. Current Zoning Classification: \_\_\_\_\_

Set Backs:  
 \_\_\_\_\_ Ft. from front property line \_\_\_\_\_ Ft. from right property line  
 \_\_\_\_\_ Ft. from rear property line \_\_\_\_\_ Ft. from left property line

Estimated cost: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Approved to obtain building permit: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Zoning Inspector or Zoning Administrator