

LAGRANGE COUNTY PLAN COMMISSION
114 W. MICHIGAN STREET
LAGRANGE, IN 46761
PHONE 260-499-6346
FAX 260-499-6404

APPLICATION/REVIEW FOR AN IMPROVEMENT LOCATION
PERMIT/ZONING COMPLIANCE CERTIFICATE #09-ZCC-_____
<SCALE DRAWN SITE PLAN MUST BE ATTACHED>

Date Received: _____

Parcel ID #: _____

Land Owner Name _____ Phone _____

Land Owner Address _____

Site Location Address _____

Section, Twp and Range _____

Acreage/lot size _____ Proposed Use: _____

Contractor's Name _____ Contact Number _____

Zoning: _____

Note: Application is determined incomplete until all minimum requirements are met. Storm water runoff should not drain onto roadway or onto neighbor's property.

***** OFFICE USE ONLY *****

County Surveyor Review Date _____ Initials _____

Planning/Zoning Review Date _____ Initials _____
Setbacks- Front _____ Side _____ Side _____ Rear _____

Called: _____ **Message:** _____

Date Issued: _____ **Receipt #** _____