

TYPE / LOCATION OF WORK	
<input type="checkbox"/> New Bldg	<input type="checkbox"/> Inside City
<input type="checkbox"/> Addition	<input type="checkbox"/> Out of City

## CITY OF JASPER, INDIANA

APPLICATION FOR  
IMPROVEMENT LOCATION PERMIT

APPLICATION
Number: _____
Date: _____

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OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_ Approximate Cost: \$ \_\_\_\_\_

Size of Lot: \_\_\_\_\_ Zoned as: \_\_\_\_\_ Building Size: \_\_\_\_\_ SqFt

Structure Height: \_\_\_\_\_ Ft No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_

Present Use of Premises: \_\_\_\_\_ Proposed Use of Structure: \_\_\_\_\_

**THE FOLLOWING INFORMATION REGARDING YOUR UTILITY SERVICES MUST BE ACCURATELY PROVIDED**

<b>GENERAL INFORMATION:</b>	Residential Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Apartment Bldg
	Non-Residential: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Governmental <input type="checkbox"/> Institutional
	Structure to be Heated by: _____ Air Conditioned? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <b>ELECTRIC</b>	<input type="checkbox"/> City of Jasper <input type="checkbox"/> REMC Service Amps: _____ Voltage: _____ <input type="checkbox"/> Single Phase <input type="checkbox"/> 3-Phase / 3 Wire <input type="checkbox"/> 3-Phase / 4 Wire
<input type="checkbox"/> <b>WATER</b>	<input type="checkbox"/> City of Jasper <input type="checkbox"/> Private <input type="checkbox"/> Other: _____ Size of Service and Meter: _____ No. of Private Fire Hydrants: _____ Sprinkler System? <input type="checkbox"/> YES
<input type="checkbox"/> <b>WASTEWATER</b>	<input type="checkbox"/> City of Jasper <input type="checkbox"/> Ireland conservancy <input type="checkbox"/> Private <input type="checkbox"/> Other: _____ Size of Service: _____ No. of Drains: _____ No. of Grease Traps: _____ Garbage Grinder? <input type="checkbox"/> YES Sump Pump? <input type="checkbox"/> NO <input type="checkbox"/> YES; Where will discharge go? _____ We recommend the installation of a CHECK FLAP VALVE on service lateral.
<input type="checkbox"/> <b>NATURAL GAS</b>	<input type="checkbox"/> City of Jasper <input type="checkbox"/> Other: _____ Size of Service: _____ BTU's
<b>CONTRACTORS</b>	<input type="checkbox"/> General _____ Phone: _____
	<input type="checkbox"/> Electrical _____ Phone: _____
	<input type="checkbox"/> Plumbing _____ Phone: _____
	<input type="checkbox"/> Gas _____ Phone: _____

### SITE PLAN

**SITE PLAN SHOULD INCLUDE LOT SIZE, ALL SET BACK DISTANCES, STREET NAMES, AND IMPROVEMENT DIMENSIONS.**  
No building materials, supplies or equipment shall be stored or placed on any thoroughfare. No construction debris, excavation dirt/refuse, or any other materials/substances emanating from this construction site shall be permitted to remain overnight on any public thoroughfare, and shall be cleaned and cleared from the thoroughfare, at the end of each workday. No structure, temporary or permanent, shall be constructed on any City or Utility easement.

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I certify the above information to be true and correct; that it is in compliance with requirements of any plat for this real estate, and that I shall comply with and be subject to any and all applicable laws and ordinances.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

FOR OFFICE USE ONLY		
Improvement Location Permit No. _____	Issued and Permit Fee of \$ _____	Paid
this _____ day of _____ <small style="display: block; text-align: center;">MONTH YEAR</small>	_____ <small>ZONING ADMINISTRATOR</small>	

Original: Bldg Commissioner

Canary: Utilities

Pink: Applicant