

<u>\$25 Fee Required</u>	Date Received:	Application #:	Receipt#:
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# Permit Application Information

**\*\*Please complete this form and present it to each department TO COPY. \*\***

**Applicant/ Contractor Information**

Name:	Phone number:		
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Owner Information (if different)**

Name:	Phone number:		
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Site Location:**

Township:	Subdivision:	Lot#
Location:	Zoning District:	Acreage:
18-digit Property Parcel Map #		

<u>Permit Checkpoints:</u>	165 Mary Street Lawrenceburg, IN 47025
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**Get application materials and regulations online at: [www.dearborncounty.org](http://www.dearborncounty.org)**

**PERMIT CHECKPOINT# 1:** *Approval for on-site sewage disposal systems & sewer connections*  
 Health Department  
 Phone: (812) 537-8847 Fax: (812) 537-6302

**PERMIT CHECKPOINT# 2:** *Approval for driveways & road improvements*  
 Please check with Dearborn County Planning and Zoning for a driveway permit.

**PERMIT CHECKPOINT# 3:** *Approval for the use, location, and height of improvements*  
 Planning & Zoning Department  
 Phone: (812) 537-8821 Fax: (812) 532-2029

**PERMIT CHECKPOINT # 4:** *Approval to construct buildings, remodel, add electric, plumbing, etc.*  
 Building Department  
 Phone: (812) 537-8822 Fax: (812) 537-8778

# Health Department



**Intended Usage:**

The purpose of this application is one or more of the following. All applicable items should be checked:

**New Construction**

Two Bedroom (Floor Plan Submitted)

Three Bedroom (Floor Plan Submitted)

Four Bedroom (Floor Plan Submitted)

Commercial Application

**Existing System Review/ Expansion**

Two Bedroom-Building expansion with no additional bedrooms. Floor plans provided.

Two Bedroom-Building expansion *with* additional bedrooms. Floor plans provided.

Three Bedroom-Building expansion with no additional bedrooms. Floor plans provided.

Three Bedroom-Building expansion *with* additional bedrooms. Floor plans provided.

Other - Provide details in comments section

**Comments:**

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**Received By:** \_\_\_\_\_

**Environmental Health Specialist**

**Applicant's Signature:**

**Date:**

**Please be advised that an on-site review of this application must be scheduled.**