CORYDON PLANNING and ZONING COMMISSION

219 NORTH CAPITOL AVENUE
CORYDON. INDIANA 47112

Planning and Zoning
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OFFICE (812) 738-3958
FAX (812) 738-6308

APPLICATION FOR CONSTRUCTION/DEVELOPMENT PERMIT

DATE: _____

APPLICANT(S) NAME: _____

ADDRESS: _____----------

PHONE NUMBER: _____EMAIL: _____

PROPERTY OWNER(S) NAME:_____

ADDRESS:_____

PHONE NUMBER: _____ EMAIL: _____

CONTRACTOR'S NAME, ADDRESS, AND PHONE NUMBER IF APPLICABLE:

_____

ZONING OF PROPERTY WHERE CONSTRUCTION OR DEVELOPMENT WILL OCCUR _____ (Call Town Office for this information)

ADDRESS OF PROPERTY WHERE CONSTRUCTION OR DEVELOPMENT WILL OCCUR

_____

TYPE OF CONSTRUCTION OR DEVELOPMENT: _____

EXISTING STRUCTURE_____PROPOSED STRUCTURE _____

EARTHEN FILL_____ STORAGE (IF YES, WHAT WILL BE STORED?) _____

DRAINAGE FACILITIES _____ GAS TANK _____ OTHER _____

IF OTHER, PLEASE DESCRIBE _____

CONSTRUCTION OF NEW DRIVEWAY _____

DRIVEWAY PERMIT OBTAINED _____

IF NEW CONSTRUCTION: SIZE OF NEW CONSTRUCTION: _____

BRIEF EXPLANATION OF PROJECT:
_____
_____
_____
_____
_____

IS PROPERTY IN FLOODPLAIN_____ IF YES, IS PROPERTY IN THE
_____FLOODWAY _____ FRINGE

IF A BUILDING: DISTANCE OF BUILDING/ADDITION FROM PROPERTY LINES IN FEET:

FRONT_____REAR_____ LEFT LINE _____RIGHT LINE_____

TYPE OF PROPOSED CONSTRUCTION: FRAME_____BRICK _____OTHER_____

APPROXIMATE COST OF DEVELOPMENT: $ _____

TIME FRAME OF CONSTRUCTION/DEVELOPMENT _____

DATE OF ANY VARIANCE GRANTED BY APPEALS BOARD_____

WILL DRAINAGE RESULTING FROM CONSTRUCTION BE DISPOSED OF PROPERLY? _____

Proper drainage is defined as that acceptable by a representative of the Harrison County S.W.C.D.

DOCUMENTATION NEEDED BY THE TOWN OF CORYDON FOR CONSTRUCTION OF A BUILDING:

- ***SITE PLAN SHOWING THE SETBACKS OF THE STRUCTURE IN RELATION TO THE LOT WHERE THE STRUCTURE IS BEING ERECTED OR PLACED.***

- ***COPY OF RECORDED DEED***