

APPLICATION

LaGrange Co. Area Plan Comm.

For
IMPROVEMENT LOCATION PERMIT AND CERTIFICATE OF OCCUPANCY

COUNTY OF LaGRANGE, INDIANA

To: Zoning Administrator
LaGrange County Area Plan Commission
LaGrange, Indiana

No. 2434
Date Filed 9-16-76
Twp. Blufffield

The undersigned agrees that any construction, reconstruction, enlargement, relocation or alteration of structures, or any change in use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and Ordinances of the County of LaGrange, Indiana.

Name and Address of Owner CHURCH OF CHRIST

Name of Applicant _____ Phone No. _____

Address of Applicant 405 So. Townline Rd. LaGrange

Location of Property: Lot No. _____ in _____ Addition

Street No. or other description of location 405 So. Townline - LaGrange

Use of Property: Present CHURCH Proposed CHURCH ADDITION

Property Zoned: U-2 Est. Value \$ 65,000.

NOTE: This application must be accompanied by a SITE PLAN of the premises showing size and location of all existing and proposed structures.

State Administrative Bldg. Council Approval # 28697

Signed: Church of Christ, Owner: By: Don Shyget, Agent

(Spaces below to be filled in by Zoning Administrator)

Permit fee received by Frank Weiland #2685 \$35.00 Septic per no. _____

Lot Dimensions	Site Plan	Zoning Requirements	Compl.
Width (Ft.)	_____	_____	_____
Depth (Ft.)	_____	_____	_____
Area (Sq. Ft.)	_____	_____	_____
Building Height (Ft.)	_____	_____	_____
Building Size (Sq. Ft.)	<u>4600 sq. ft.</u>	_____	_____
Front Yard (Ft.)	<u>70'</u>	<u>30'</u>	} Per G. Weiland
Side Yard (Ft.)	<u>230'</u>	<u>6'</u>	
Side Yard (Ft.)	<u>20'</u>	<u>6'</u>	
Rear Yard	<u>200'</u>	<u>15'</u>	_____
Off-Street Pkg. (No.)	_____	_____	_____
Off-Street Loading (No.)	_____	<u>PER AREA DISPOSITIONS</u>	_____
Distance From Water	_____	_____	_____
Public Access Via	_____	_____	_____

BZA Action Req'd: _____ Date Filed _____

Action by BZA: _____ Date _____

Commission Action Req'd: _____ Date Filed _____

Action by Commission: _____ Date _____

Disposition:

IMPROVEMENT LOCATION PERMIT No. _____ Issued _____; Denied _____; Date _____

If denied, state reasons: _____

CERTIFICATE OF OCCUPANCY No. _____ Issued _____ Inspection Date _____

If denied, state reasons: _____