



IMPROVEMENT LOCATION PERMIT

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.920.3342 fax | bpd@ci.auburn.in.us

APPLICANT/PROPERTY OWNER INFORMATION

Applicant	Name	
	Address	
	Phone / Email	
Property Owner Same as applicant <input type="checkbox"/> Y <input type="checkbox"/> N	Name	
	Address	
	Phone / Email	

PROJECT LOCATION

Address		
Subdivision, Lot		
Township		DeKalb County

PROJECT INFORMATION

Project Description <i>(dimensions, height, setbacks, materials, etc.)</i>					
Attached Site Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Located in Easement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start Date		Completion Date		Cost of Project	

Contact Indiana 811 at least two full working days before starting the project – It is the law! Call 811 or 1-800-382-5544 or visit www.indiana811.org.

Property Owner/Applicant acknowledges this application has been reviewed to ensure compliance with the City of Auburn's Unified Development Ordinance. The issuance of the permit does not mean this project meets the criteria of private land restrictions (covenants, deed restrictions etc.). The Property Owner/Applicant is responsible for ensuring the project satisfies any private land restrictions criteria and obtains association/architectural committee approval, as necessary. (Property Owner/Applicant Initials)

I, the owner or authorized applicant of the owner, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana and the Unified Development Ordinance of Auburn Indiana. The information provided in this application is to the best of my knowledge.

****Pursuant to Ordinance No. 2022-23, all fees are non-refundable regardless of whether the permit is or is not used by the applicant. All fees are non-refundable regardless of the reason for said request.**

Signature of Applicant/Authorized Representative

Printed Name

Date

Signature of Owner

Printed Name

Date

OFFICE USE ONLY

Rec'd By/Date		Fence		\$
Zoning/Overlay		Shed		\$
Flood District	No FW FF	Permanent Sign		\$
Plng Approval/Date		Temporary Sign		\$
Bldg Approval/Date		Aboveground Swimming Pool		\$
Total Fees		Temporary Use		\$
Receipt #		Residential ILP		\$
Cash/Check/Credit		Non-Residential ILP		\$
Issued By/Date		Other/ILP		\$