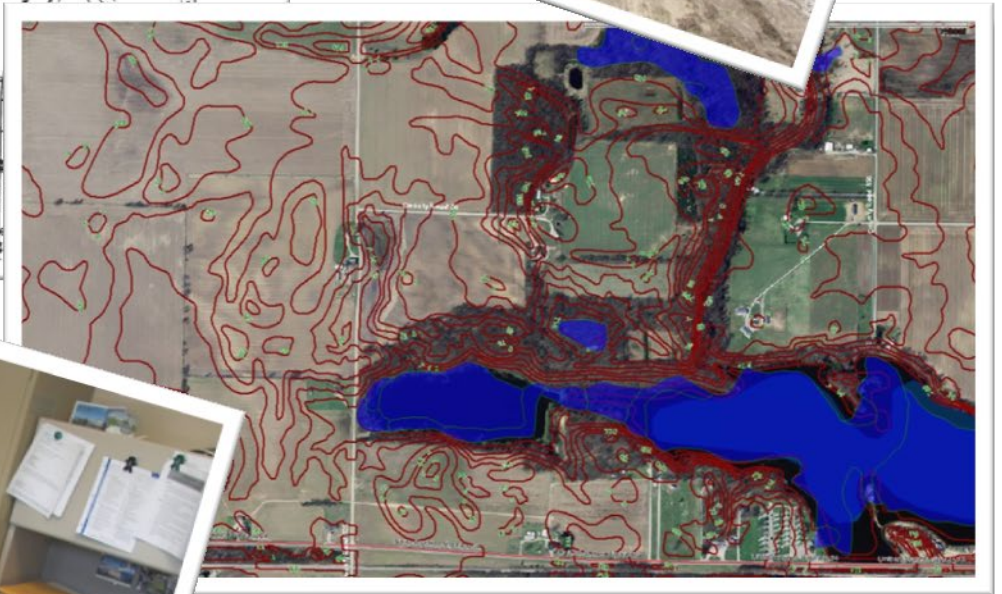


# DEVELOPMENT GUIDE BOOK



September 2019

## PURPOSE

Purpose: The Development Guidebook provides valuable information and answers about the most frequently encountered regulations and review processes for building and development within Logansport, Cass County, or Walton. The guidebook describes in detail how plans are reviewed and what developers, contractors and citizens can expect at each stage of the review process. Anyone who wants to develop in Logansport, Cass County, or Walton will now have at their fingertips what is required and/or where to go for answers. It is the Planning Department's goal to streamline the development approval process for businesses and individuals. Please keep in mind that this Guidebook is NOT intended to be a substitute for talking to our staff.

You should also be aware that obtaining all of the necessary permits, approvals and licenses before starting any development project is your responsibility. The staff liaisons are there to help, but you are ultimately responsible for your project. This Guidebook primarily contains summary information. The complete texts, including the specific rules, regulations, and requirements you must comply with are available in the various department offices during business hours, Monday through Friday, 8:00 am - 4:00 pm. We strongly encourage you to obtain copies of any regulations that may apply to your development project before you begin the application process.

This booklet as well as all development applications may be obtained online at the following websites:

Logansport: [www.cityoflogansport.org](http://www.cityoflogansport.org)

Cass County and Walton: [www.co.cass.in.us](http://www.co.cass.in.us)

Mission Statement: To provide solution oriented services to the communities of Logansport, Cass County, and Walton through the application of professional skills, adopted plans, and standards which facilitate the growth of the local economy; preserves the natural and historic environment and enhances the quality of the built environment for current and future generations.

## PRE-APPLICATION MEETING

In order to process an application more effectively, a pre-application conference with a member of the Planning staff is highly recommended. The applicant should bring any information available on the site/structure in question. At this meeting the applicant will describe the project being considered and the planning staff will figure out which application is appropriate, which review body is responsible for final actions, and will discuss what criteria will be used to determine the final action on the permit. Staff will explain the criteria and intent of the comprehensive plan, zoning ordinance, and design guidelines as they relate to the project. Application forms detailing the requirements and fee necessary for application may also be obtained at the pre-application meeting.

## SUBMIT DEVELOPMENT APPLICATION

The applicant should submit a completed Development Application Package to the Logansport/Cass County Planning Department. At the time of filing, the applicant may choose to review the material with a Planner or Zoning Administrator to ensure that all the required information is provided.

**Filing deadlines are approximately 21 days prior to the desired Plan Commission or Board of Zoning Appeals meeting.**

## INTERDEPARTMENTAL STAFF REVIEW

Following the receipt of a complete application package, staff will evaluate the proposal by conducting an investigation of the site and reviewing its conformance with the appropriate comprehensive plan, zoning ordinance, design guidelines, and assessing its overall impact on its environment. Written or verbal staff comments will be communicated to the applicant. The applicants can then make revisions and resubmit the development plans if needed. A written report, which reviews the development proposal and provide staff recommendations, will be prepared. A copy of this report will be sent to the applicant prior to the Plan Commission or Board of Zoning Appeals meeting.

## MEETING TIMES

MEETING	JURISDICTION	DATE	TIME	LOCATION	APPLICATION DUE (due at)
Plan Commission	Cass County	1 <sup>st</sup> Tuesday	8:30AM	County Commissioners Hearing Room (Court House)	21 days before Meeting
	Walton	1 <sup>st</sup> Monday	6:00PM	Walton Town Hall	21 days before Meeting
	Logansport	2 <sup>nd</sup> Monday	4:00PM	City Council Chambers (City Building)	21 days before Meeting
Board of Zoning Appeals	Cass County	4 <sup>th</sup> Monday	8:30 AM	County Commissioners Hearing Room (Court House)	21 days before Meeting
	Walton	4 <sup>th</sup> Monday	6:00PM	Walton Town Hall	21 days before Meeting
	Logansport	3 <sup>rd</sup> Monday	5:00PM	City Council Chambers (City Building)	21 days before Meeting
County Commissioners	Cass County	1 <sup>st</sup> Monday	1:00PM	County Commissioners Hearing Room (Court House)	14 days before Meeting
	Cass County	3 <sup>rd</sup> Monday	1:00PM	County Commissioners Hearing Room (Court House)	14 days before Meeting
Architectural Review Commission	Logansport	1 <sup>st</sup> and 3 <sup>rd</sup> Friday	9:00AM	City Council Chambers	21 days before Meeting
Walton Town Hall	Walton	1 <sup>st</sup> Monday	6:30PM	Walton Town Hall	14 days before Meeting
City Council	Logansport	1 <sup>st</sup> Monday	6:30PM	City Council Chambers (City Building)	14 days before Meeting
Board of Works	Logansport	Every Wednesday	3:00PM	City Council Chambers (City Building)	7 days before Meeting

## PUBLIC NOTICE

### What is a Public Hearing?

A public hearing is a meeting of which the subject, date, time and location has been made known through publication and to appropriate interested parties. A public hearing is conducted before the appropriate Board or Commission in a formal manner based off their Bylaws and Procedures. The purpose of a public hearing is to provide a forum for the review and discussion of development and redevelopment requests which allows for the input of the public as well as that of officials, staff, and the party making the request.

### When is a Public Hearing Required?

The following is a list of development requests which require public hearings and the board or commission before which they are heard:

Special Exception	Board of Zoning Appeals
Variance— Development Standards	Board of Zoning Appeals
Variance— Use	Board of Zoning Appeals
Variance- Floodplain	Board of Zoning Appeals
Appeal of Decision	Board of Zoning Appeals
Rezoning/PUD	Plan Commission and Legislative Body
Subdivision/Replat – Preliminary Approval	Plan Commission
Some Development Plan Reviews	Plan Commission
Road or Alley Vacation	Legislative Body

### How is Public Notice given?

Once a complete application for a public hearing item is on file with the Planning Department, a Notice of Public Hearing is forwarded to the Pharos Tribune (local newspaper) for publication. This notice must be published at least 10 days in advance of the hearing date.

### Who receives Certificate of Mailing notices?

Notices are mailed to Interested Parties as specified within the Bylaws and Procedures post marked 12 days before the hearing by certificate of mailing. The written notice and mailing list will be prepared by planning staff. The written notice will contain basic information such as the date of the hearing, the time, the location, the topic, and primary contact person.

### How is a Public Hearing Conducted?

Once a public hearing docket has been opened by the appropriate board or commission, the hearing proceeds as follows:

- A The staff makes a brief presentation regarding the item under discussion.
- B The petitioner then makes a brief presentation regarding his/her request.
- C The floor is then opened for comments from the public.
- D The petitioner is given the opportunity to rebut any comments from the public.
- E The public input portion of the hearing is then closed, and the board or commission enters into deliberation upon the request.
- F The board or commission states their decision.

11/1/20

## FEE SCHEDULE - Cass County

The following fees may be waived by the Building Commissioner or Zoning Administrator upon good cause. When determining if good cause exists the Building Commissioner or Zoning Administrator may consider the following:

1. Whenever the interest of justice or public policy may require      2. If classified as a governmental institution

<b>A Residential</b>	<b>Fee</b>	
Single Family Dwelling	\$100	+ 7 cents per SF +\$10 ILP fee
Multi-Family Dwelling	\$100	+7 cents per SF 1st unit + \$30 for each additional unit +\$10 ILP fee
Addition to Dwelling	\$50	+ 5 cents per SF +\$10 ILP fee
Accessory Building of Structure	\$50	+ 5 cents per SF + \$10 ILP fee
Accessory Structure on Skids	\$20	+ \$10 ILP fee
Moving Accessory Structures on Skids from site to site	\$10	
Garage or Carport	\$50	per car space + \$10 ILP fee
Razing Structure	\$50	No charge if demolition is part of new construction
In-ground Pool	\$100	+ \$10 ILP fee
Permanently Installed Above Ground Pool	\$75	+ \$10 ILP fee
Mobile Home Park	\$150	+ \$10 per Mobile Home Space + \$50 ILP fee
Remodeling:		
Structural Changes & UnFinished to Finished Changes	\$50	
 <b>B Commercial, Public, Semi-public &amp; Industrial</b>	 <b>Fee</b>	
New Construction/Additions/Accessory	\$300	+ 12 cents per SF +\$50 ILP fee
New Construction/Additions/Accessory for Institutions	\$100	+ 7 cents per SF + \$50 ILP fee
Razing Structure	\$100	No charge if demolition is part of new construction
Confined Feed Operation	\$30	+ 3 cents per SF +\$50 ILP fee
Accessory Structure on Skids (excluding Commercial & Industrial)	\$20	+ \$50 ILP fee
Moving Accessory Structures on Skids from site to site (excluding Commercial & Industrial)	\$20	
 <b>C Miscellaneous Permits</b>	 <b>Fee</b>	
Signage	\$20	+ \$1 per SF of sign face +\$50 ILP fee
Portable / Tow-in Signs	\$30	+ \$50 ILP fee
Off-Premise Sign	\$100	+ \$1 per SF + \$50 ILP fee
Temporary Use	\$50	
Change of Occupancy (Commercial & Industrial)	\$50	
Reinspection Residential	\$50	
Reinspection Commercial/Industrial	\$100	
Requested Inspection	\$35	
After the Fact		Double the Original Permit Cost
Wireless Facilities	\$0	
Administration Fee for Unsafe Property Inspections	\$250	
 <b>D Improvement Location Permit</b>		
Residential, Public/Semi-public, Agricultural (except confine feed)	\$10	

	Commercial & Industrial	\$50	
<b>E</b>	<b>Home Occupation</b>		
	Simple	\$25	
	Major	\$50	
	Cottage Industry	\$75	
<b>F</b>	<b>Petition of the Board of Zoning Appeals</b>	<b>Fee</b>	
	<b>Petitioner to bear the cost of notification</b>		
	Use Variance	\$215	
	Special Exception	\$165	
	Variance from Developmental Standards	\$215	
	Appeal of Administrative Decision	\$50	
<b>G</b>	<b>Petition to Plan Commission</b>	<b>Fee</b>	
	<b>Petitioner to bear the cost of notification</b>		
	Amendment to Zoning Maps	\$265	
	Planned Unit Development	\$215	plus + \$10 per unit/ lot
	Development Plan Review	\$90	
<b>H</b>	<b>Subdivisions (with subdivision of preliminary plat)</b>	<b>Fee</b>	
	<b>Petitioner to bear the cost of notification</b>		
	Minor Subdivision	\$115	
	Major Subdivision	\$165	+ \$15 per lot
	Vacation of Plat/ Re-plat	\$65	
<b>I</b>	<b>Documents and maps</b>	<b>Fee</b>	
	Comprehensive Plan	\$20	
	Thoroughfare Plan	\$20	
	Zoning Ordinance	\$20	
	Subdivision Control Ordinance	\$20	
	Comprehensive Map	\$10	
	Zoning Maps	\$10	
<b>J</b>	<b>Renewable Energy Permits</b>	<b>Fee</b>	
	Application Fee	\$20,000	(50% will be applied to the building permit.)
	Tower	\$500	per mega watt / Development Fund \$1200
	Renewable Energies: Solar and Small & Micro Wind	\$20	per instrument
	Permanent Met Tower	\$200	

## FEE SCHEDULE - LOGANSPORT

The following fees may be waived by the Building Commissioner or Zoning Administrator upon good cause. When determining if good cause exists the Building Commissioner or Zoning Administrator may consider the following:

1. Whenever the interest of justice or public policy may require      2. If classified as a governmental institution

A Residential	Fee	
Single Family Dwelling	\$100	+ 7 cents per SF +\$10 ILP fee
Multi-Family Dwelling	\$100	+7 cents per SF 1st unit + \$30 for each additional unit + \$10 ILP fee
Addition to Dwelling	\$50	+ 5 cents per SF +\$10 ILP fee
Accessory Building of Structure	\$50	+ 5 cents per SF +\$10 ILP fee
Garage or Carport	\$50	per car space + \$10 ILP fee
Renovation or Remodel	\$50	+ \$5 per \$1000 of value
Roof Alteration & Re-roofing	\$50	+ \$5 per \$1000 of value
Sidewalk, Driveway and / or Curb Cut	\$50	+ \$5 per \$1000 of value
Razing Structure	\$50	No charge if demolition is part of new construction
In-ground Pool	\$100	+\$10 ILP fee
Permanently Installed Above Ground Pool	\$75	+ \$10 ILP fee
Mobile Home Park	\$150	+ \$10 per Mobile Home + \$50 ILP fee
Electrical /Mechanical /Plumbing Upgrade	\$50	+\$5 per \$1000 of value

A separate fee will be required for each item to be upgraded.

B Commercial, Public, Semi-public & Industrial	Fee	
New Construction & Additions	\$300	+ 12 cents per SF + \$50 ILP fee
Sprinkler System	\$150	
Storage Tanks	\$200	
Commercial Hood Systems Type 1 & 2	\$200	
Razing Structure	\$100	No charge if demolition is part of new construction
Renovation or Remodel / Parking lots	\$100	+\$5 per \$1000 of value
Electrical /Mechanical /Plumbing Upgrade	\$100	+\$5 per \$1000 of value

A separate fee will be required for each item to be upgraded.

C Miscellaneous Permits	Fee	
Signage	\$20	+ \$1 per SF of sign face + \$50 ILP fee
Portable / Tow-in Signs	\$100	+\$50 ILP fee
Off-Premise Sign	\$100	+ \$1 per SF + \$50 ILP fee
Temporary Use	\$50	
Home Occupation	\$25	
Change of Occupancy (Commercial & Industrial)	\$50	
Certificate of Occupancy	\$100	
Garage Sale - 1 or 2 days	\$5	
Garage Sale - 3 or 4 days	\$10	
Modification to Downtown Development Application	\$50	
After the Fact		Double the Original Permit Cost
Reinspection Residential	\$50	
Reinspection Commercial/Industrial	\$100	
Improvement Location Permit Residential	\$10	
Improvement Location Permit Commercial/Industrial	\$50	

<b>D Architectural Review Committee</b>		
PUD Development Plan Review Major	\$90	
PUD Development Plan Review Minor	\$35	
Variance From Developmental Standards	\$215	
Minor Subdivision	\$115	
Major Subdivision	\$165	+ \$15 per lot
<b>E Historic Preservation</b>		
Petitioner to bear the cost of notification		
Designation	\$65	
Dedesignation	\$315	
Certificate of Appropriateness Sign (Deposit)	\$20	
<b>F Petition of the Board of Zoning Appeals</b>	Fee	
Petitioner to bear the cost of notification		
Use Variance	\$215	
Special Exception	\$165	
Variance from Developmental Standards	\$215	
Appeal of Administrative Decision	\$50	
<b>G Petition to Plan Commission</b>	Fee	
Petitioner to bear the cost of notification		
Amendment to Zoning Maps	\$265	
Planned Unit Development	\$215	plus + \$10 per unit/ lot
Development Plan Review	\$90	
<b>H Subdivisions (with subdivision of preliminary plat)</b>	Fee	
Petitioner to bear the cost of notification		
Minor Subdivision	\$115	
Major Subdivision	\$165	+ \$15 per lot
Vacation of Plat/ Re-plat	\$65	
<b>I Documents and maps</b>	Fee	
Comprehensive Plan	\$20	
Thoroughfare Plan	\$20	
Zoning Ordinance	\$20	
Subdivision Control Ordinance	\$20	
Comprehensive Map	\$10	
Zoning Maps	\$10	
<b>J Renewable Energy Permits</b>	Fee	
Application Fee	\$20,000	(50% will be applied to the building permit.)
Tower	\$500	per mega watt / Development Fund \$1200
Small & Micro Wind	\$20	per instrument
Permanent Met Tower	\$200	



# FEE SCHEDULE - WALTON

The following fees may be waived by the Zoning Administrator upon good cause. When determining if good cause exists the Zoning Administrator may consider the following: 1. Whenever the interest of justice or public policy may require 2. If classified as a governmental institute

<b>A Residential</b>	<b>Fee</b>	
Single Family Dwelling	\$75 + 7cents per SF	
Multi-Family Dwelling	\$75	+ 7cents per SF 1st unit + \$20 for each additional unit
Addition to Dwelling (including decks)	\$25	+2 cents per SF
Exterior Changes in excess of \$1000 value (including siding, windows, roofing, roof alterations, and other similar improvements)	\$20	+ \$5 per \$1000 value
Garage or Carport	\$25	per car space
Accessory Building or Structure	\$25	+ 5cents per SF
Accessory Structure on Skids	\$20	
In-ground Pool	\$50	
Permantly Installed Above Ground Pool	\$25	
Razing structure	\$25	no charge if demolition is part of new construction
Mobile Home Park	\$100	+ \$5 per mobile home space
<b>B Commercial, Public, Semi-public &amp; Industrial (New &amp; Additions)</b>		
New Construction & Additions	\$150 + 12cents per SF	
Exterior Changes in excess of \$1000 value (including siding, windows, roofing, roof alterations, and other similar improvements)	\$20	+ \$5 per \$1000 value
Accessory Structure on Skids (excluding Commercial & Industrial)	\$20	
Razing Structure	\$50	no charge if demolition is part of new construction
Renovation or Remodel / Parking Lots	\$50 + \$2 per \$1000 of project cost	
<b>C Subdivisions (Petitioner bears the cost of notification )</b>		
Minor Subdivision	\$105	
Major Subdivision	\$130	+ \$15 per lot
Vacation of Plat/ Re-plat	\$80	+ \$15 per lot
<b>D Signs</b>		
Signage	\$20 + \$1 per SF	
Portable, mobile or "Tow-IN"	\$30	
Off-premise Sign	\$100	plus \$1 per SF
<b>E Improvement Location Permit</b>		
Residential, Public/Semi-public, Agricultural (except confine feed)	\$10	
Commercial & Industrial	\$50	
<b>F Petition of the Board of Zoning Appeals (Petitioner to bear the cost of notification)</b>		
Use Variance	\$165	
Special Exception	\$115	
Variance from Developmental Standards	\$165	
Appeal of Administrative Decision	\$65	

**G Petition to Plan Commission (Petitioner to bear the cost of notification)**

Amendment of the Zoning Maps	\$130	
Planned Unit Development	\$130	plus + \$10 per dwelling unit
Development Plan Review	\$80	

**H Temporary Use Permit** \$25

**I Home Occupation Permit** \$25

**J Change of Occupancy**

Commercial & Industrial \$25

**K Documents and maps**

Comprehensive Plan	\$20	
Thoroughfare Plan	\$20	
Zoning Ordinance	\$20	
Subdivision Control Ordinance	\$20	
Comprehensive Map	\$10	
Zoning Maps	\$10	24 X 36

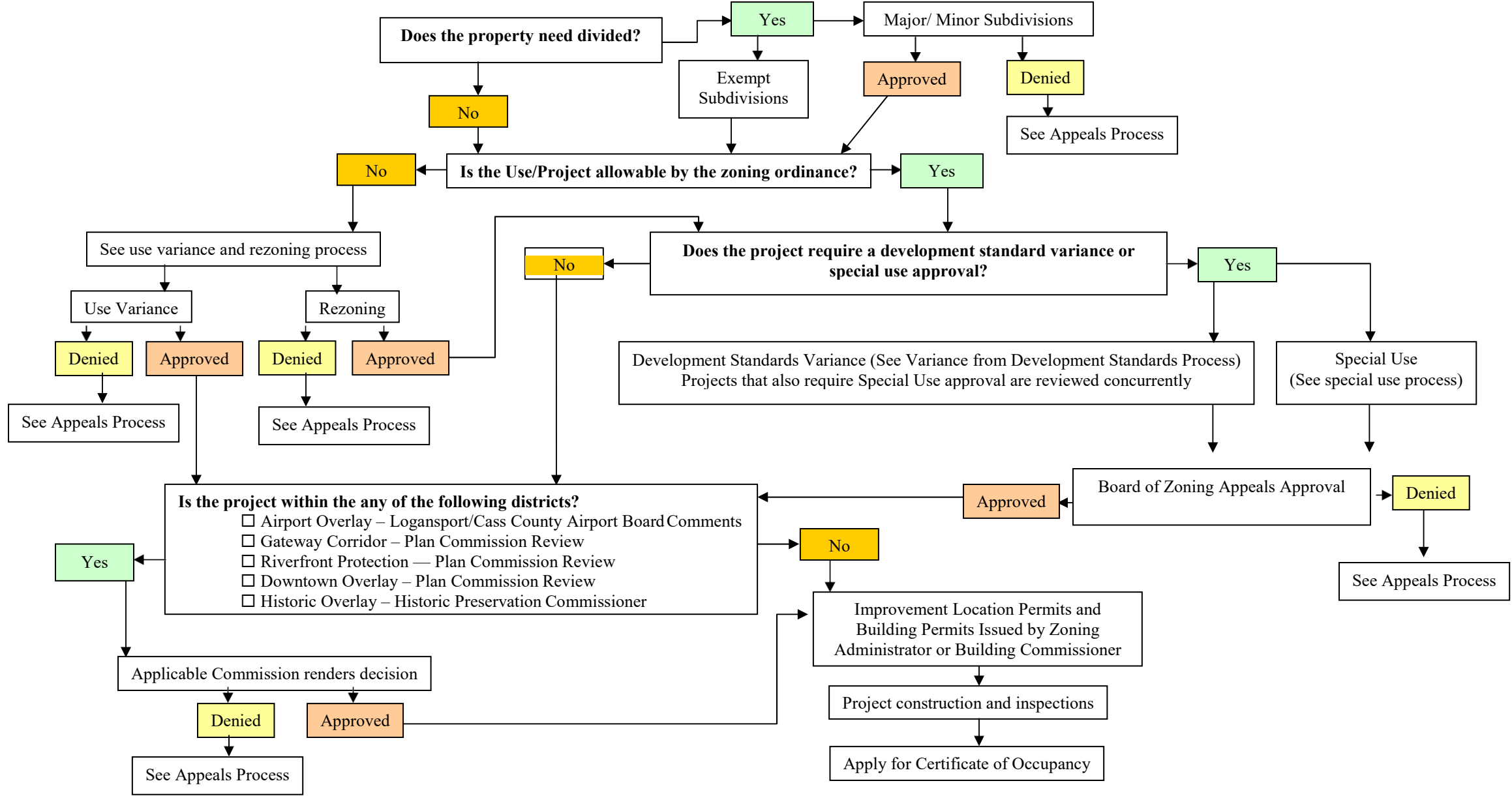
**L After the Fact Permit**

Double the Original Permit Cost

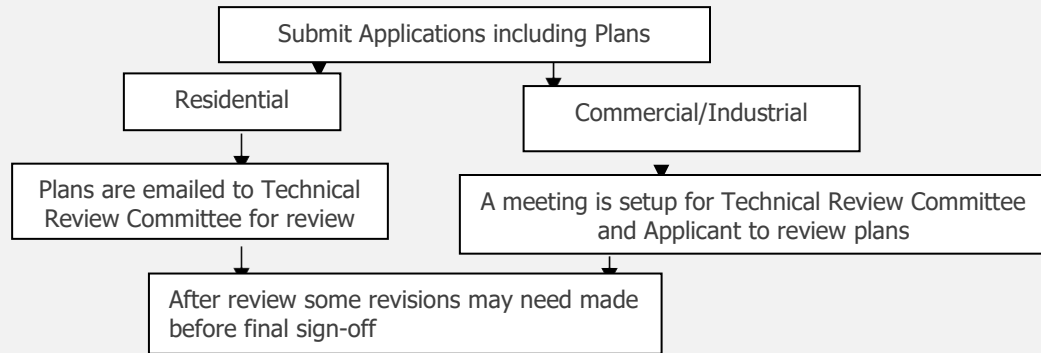
**N Communication Permits**

Application Fee	\$200
If existing, additional antenna fee	\$20/antenna

# The Development Process



## TECHNICAL REVIEW PROCESS



### When is a Technical Review required?

Commercial, industrial, public and semi-public construction projects and subdivisions will require a Technical Review by entities that may provide service for the project. The developer/owner or contractor will be responsible for allowing the entities to review their plans and "sign off" on a routing sheet provided by the Zoning Administrator or Subdivision Administrator.

If an existing land use or structure is changed in use or is enlarged in floor area, number of employees, number of housing units, seating capacity, or otherwise, to create a need for an increase in the number of existing parking or loading spaces, said use and structure will require a Technical Review.

In addition to projects such as these it is the practice of the Planning Department to send all proposals of the Board of Zoning Appeals, Plan Commission, as well as residential projects out to the Technical Review Committee. By doing this we are trying to make sure everything has been taken care of prior to the issuance of an Improvement Location Permit and the Building Permit. After being emailed out to the full committee it will then be determined if a full Technical Review Process will need to be done for the project.

# Cass County Technical Review Committee

Logansport Municipal Utilities  
601 E. Broadway Rm. 101  
Logansport, IN 46947  
(574)753-6231

Highway Department  
1251 SR 17  
Logansport, IN 46947  
(574)753-6766

Fire District  
1444 Holland St.  
Logansport, IN 46947  
(574)516-1056

NIPSCO  
1619 W. Logansport Rd.  
Peru, IN 46970  
(765)472-6457

Cass County Health Department  
512 High St.  
Logansport, IN 46947  
(574)753-7760

Frontier Communications  
3216 Imperial Parkway  
Lafayette, IN 47909  
(765)423-3531

Soil & Water Conservation District  
906 E. Broadway  
Logansport, IN 46947  
(574)753-4705 extension 3

Planning/Zoning Department  
200 Court Park Rm. 306  
Logansport, IN 46947  
(574)753-7775

Cass County Economic Development  
200 Court Park  
Logansport, IN 46947  
(574)753-7770

Surveyor  
200 Court Park Rm. 306  
Logansport, IN 46947  
(574) 753-7843

Gas & Fuel Company – Kokomo  
900 E. Boulevard  
Kokomo, IN 46904  
(765) 459-4101

REMC – Miami Cass  
US 31 & Miami CR 100 N  
Peru, IN 46970  
(765) 459-4101

# Logansport Technical Review Committee

Logansport Municipal Utilities  
601 E. Broadway Rm. 101  
Logansport, IN 46947  
(574)753-6231

Planning/Zoning Department  
200 Court Park Rm. 306  
Logansport, IN 46947  
(574)753-7775

Department of Public Works  
612 Race St.  
Logansport, IN 46947  
(574)753-2610

CLEDO  
311 S. Fifth St.  
Logansport, IN 46947  
(574)722-5988

Fire Department  
630 High St.  
Logansport, IN 46947  
(574)753-3102

NIPSCO  
1619 W. Logansport Rd.  
Peru, IN 46970  
(765)472-6457

Cass County Health Department  
512 High St.  
Logansport, IN 46947  
(574)753-7760

Frontier Communications  
3216 Imperial Parkway  
Lafayette, IN 47909  
(765)423-3531

Soil & Water Conservation District  
906 E. Broadway  
Logansport, IN 46947  
(574)753-4705 extension 3

# SITE DEVELOPMENT ROUTING SHEET

In order for all affected agencies and departments to be aware of development proposals, new commercial construction, large additions, demolitions, and sub-divisions, a routing sheet process has been designed to allow review of projects. Once the Improvement Location Permit has been applied for, a routing sign-off sheet will be attached, with agencies and departments listed. The applicant is responsible for taking the routing sheet to the departments to review the proposal, signed, and dated. Once the routing sheet is returned to the Building Commissioner or Zoning Administrator, the Improvement Location Permit and proper Building Permits will be issued if all other Ordinances and State Codes are met.

\*Note: Not all departments may need to review, depending on jurisdiction.

## PETITIONER INFORMATION

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

## OWNER INFORMATION (if different from applicant information)

\*Owner's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

## RESPESENTATIVE INFORMATION (if different from applicant information)

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**Name of Proposed Project:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Zoning Dept.** \_\_\_\_\_

**Planning Dept.** \_\_\_\_\_

**Building Comm.** \_\_\_\_\_

**Wastewater:** \_\_\_\_\_

**Department:**

**Date:**

**Comments:**

**Stormwater:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water:** \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

**Elect Dept.:** \_\_\_\_\_

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**Street Dept./Highway:** \_\_\_\_\_

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**Fire Dept.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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**NIPSCO:** \_\_\_\_\_

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\_\_\_\_\_  
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**Health Dept.:** \_\_\_\_\_

\_\_\_\_\_  
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**Soil & Water:** \_\_\_\_\_

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**REMC:** \_\_\_\_\_

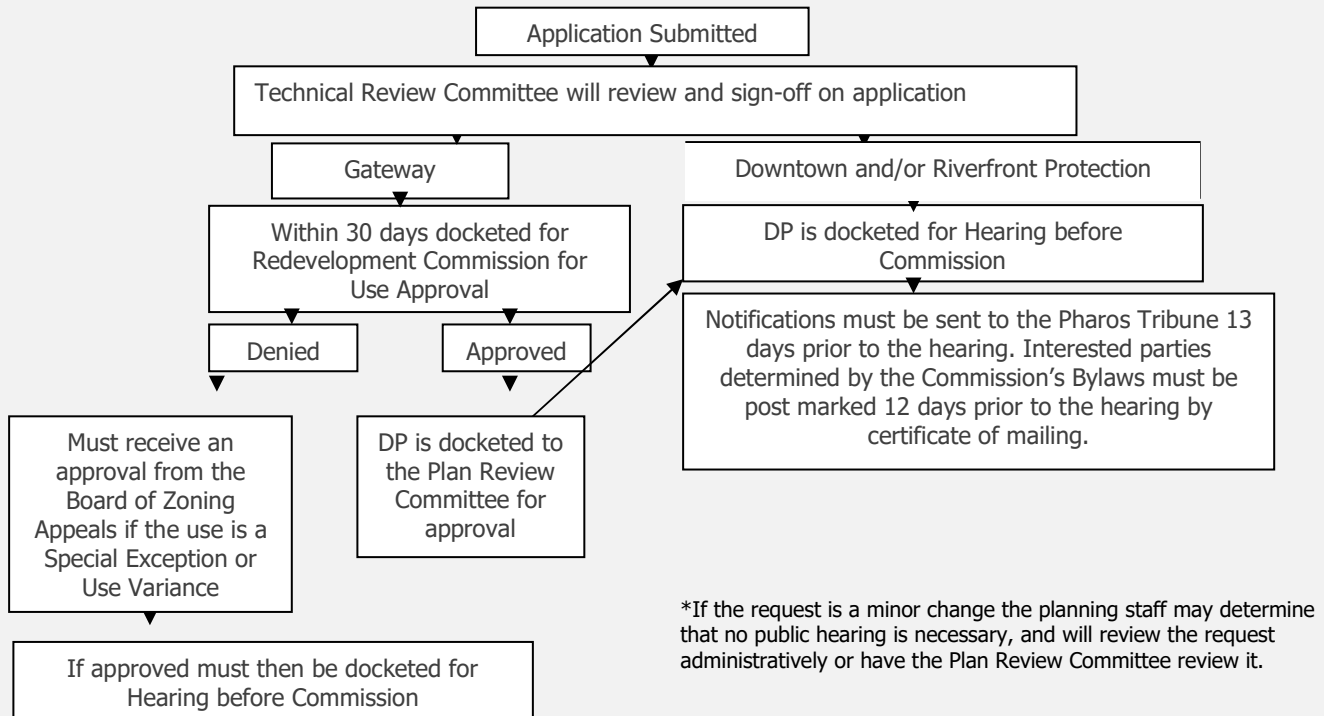
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**Frontier:** \_\_\_\_\_

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## DEVELOPMENT PLAN REVIEW (DPR) INCLUDING USE APPROVAL APPLICATION



**Filing:** Following materials must be included:

- Complete Application
- Agent Authorization Letter and/or Owner Affidavit, signed and notarized (if different than applicant)
- Existing Site Map including vicinity map, existing structures, and vegetation
- Site Plan

Following material must be included if applicable:

- Primary Plat in accordance with the Subdivision Control Ordinance
- Supplementary Sign Form
- Supplementary Landscaping/Parking Form
- Details including material, color and design of fenestration, awnings, facades, lighting, walls, fences, planters, and etc.
- Protective Covenants or Maintenance Agreements
- Statement of the proposed order of development, if phased project
- Other information that may be required by the respective overlay district

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

- Cass County and Logansport \$90  
*Make checks payable to City of Logansport or Cass County Treasurer*
- Walton \$80  
*Make checks payable to the Town of Walton*

**Public Notice: (if going to full Plan Commission)**

**Legal Notice**

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

**Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties will be provided to the applicant.

- Affidavit showing that the notice has been published in the paper.

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission or Committee during the public hearing/meeting. Committee meetings are scheduled after complete application has been submitted.

- **Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.
- **Cass County:** 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport
- **Walton:** 1<sup>st</sup> Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

DPR is required in the following situations:

- A. Any construction, reconstruction, or structural alterations & additions of any structure or structures;
- B. Establishment or change of any land use on any property within an affected district;
- C. Demolition within the DOD.
- D. Any vehicle and pedestrian circulation, parking, landscaping, signage, lighting, and any facade alterations & additions relating to the historical and/or architectural importance of a structure.

The following are specifically exempted from DPR:

- A. New construction, improvements, or additions of residential structures on lots of record as of the adoption date of this amendment to the Ordinance provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- B. New construction, improvements, or additions of residential structures on lots within minor or major subdivisions approved by the Commission after the adoption date of this amendment to the Ordinance provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- C. Agricultural land used as cropland, orchards, pasture and grazing, and accessory structures for such agricultural purposes provided the applicable overlay district and the underlying zoning district permits the proposed use of the property.
- D. The provision of essential services as defined in Article Two of the Ordinance.
- E. Any development which has received Planned Unit Development approval in accordance with Section 606 of this Ordinance and IC 36-7- 4-1500 series.
- F. Additions to existing structures as long as the following are met:
  - 1. Are attached to the existing structure;
  - 2. Continue the architectural design of the existing structure, including exterior color and materials, doors and windows, and other details;
  - 3. Meet requirements of the overlay district it is constructed within;
  - 4. Do not exceed 25% of the original Gross Floor Area of the existing structure, applicable from the effective date of this Section; and
  - 5. Have received prior Development Plan (DP) approval for the site.
- G. Detached Accessory Structures as long as the following are met:
  - 1. Shall have on all sides the same building proportions, architectural features, construction materials, and in general be architecturally compatible with the Principal Building(s) with which it is associated.;
  - 2. Meet requirements of the respective overlay district;
  - 3. Do not exceed 5% of the entire developed area that received prior DP approval.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for USE APPROVAL  
(Section 406)**

**Redevelopment Commission**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_

\_\_\_\_\_

**What use is being requested (be specific):**

\_\_\_\_\_

\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

**Applicant's Signature:** \_\_\_\_\_

(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE COMMISSION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:

File Number: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Article/Section Reference #: \_\_\_\_\_

**Application for DEVELOPMENT PLAN/DP AMENDMENT  
(Section 400)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Use:**

\_\_\_\_\_  
\_\_\_\_\_

**Proposed Use and Nature of Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requirements for Filing a Petition for a DEVELOPMENT PLAN/ DP Amendment**

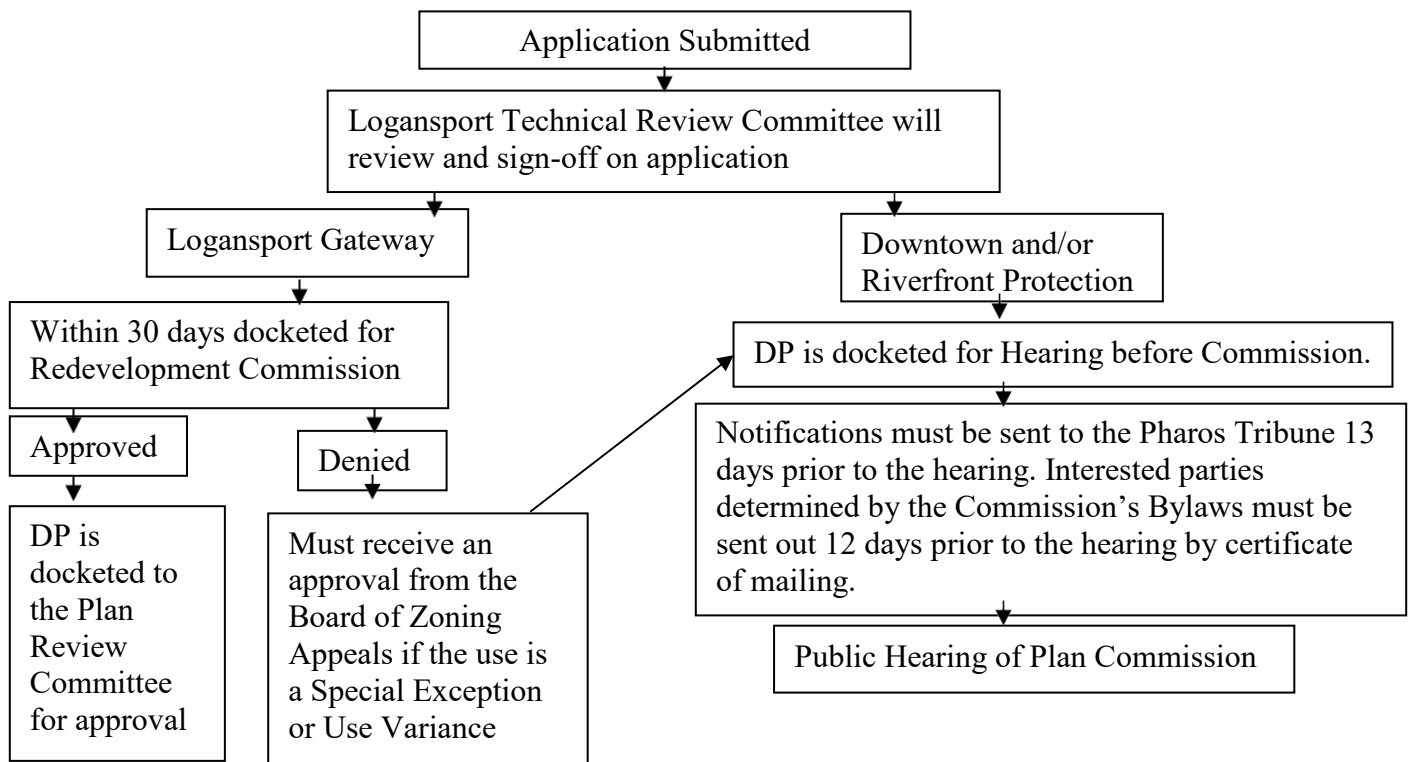
Application requirements and process information come from Sections 400 of the Zoning Ordinance. It is advised that the applicant carefully read these sections prior to filing. Below is a checklist of items that are required for a complete filing.

**Application must include the following applicable materials:**

- Filing Fee
- Existing Site Map including vicinity map, existing structures, and vegetation
- Site Plan in accordance with the Zoning Ordinance Section 902.03B
- Primary Plat in accordance with the Subdivision Control Ordinance
- Supplementary Sign Form
- Supplementary Landscaping/Parking Form
- Details including material, color and design of fenestration, awnings, facades, lighting, walls, fences, planters, and etc.
- Protective Covenants or Maintenance Agreements
- Statement of the proposed order of development, if phased project
- Other information that may be required by the respective overlay district

**Development Plan Process**

The following is a chronological listing of the steps required for processing a development plan or development plan amendment.



**\*If the request is a minor the planning staff may determine that no public hearing is necessary, and will review the request administratively or have the Plan Review Committee review it.**

**\*Note: approvals are valid for a period of two years. If a Permit has not been issued with the 2 years the approval is rescinded.**

**Finding of Facts to be considered**

1. The development be compatible with surrounding uses and the Comprehensive Plan: \_\_\_\_\_  
\_\_\_\_\_
2. The availability and coordination of all utilities, including water, sanitary sewers or on-site septic systems, surface and subsurface storm water drainage and all other utilities have been reviewed:  
\_\_\_\_\_  
\_\_\_\_\_
3. The development of the property is setup to allow for green space and appropriate sight lines, including building setback lines, maximum lot coverage, building separation, and other specific development requirements within the Zoning Ordinance: \_\_\_\_\_  
\_\_\_\_\_
4. The traffic be managed in a manner that creates conditions favorable to the health, safety, conveniences, and the harmonious development of the community, such as properly designed interior traffic lanes, pedestrian sidewalks and bicycle pathways, parking and loading facilities, and driveway curb cuts: \_\_\_\_\_  
\_\_\_\_\_
5. The mitigation of safety hazards and congestion is properly designed and located for all streets, easements, highways, and/or roadway access, including the determination that the capacity of such highways or roadways are sufficient to safely and efficiently accept the projected increase in traffic and new streets or easements are compatible with existing and planned streets and developments:  
\_\_\_\_\_  
\_\_\_\_\_
6. The arrangement of uses on site are in relation to functional, efficient, and compatible arrangements with the site and adjacent uses: \_\_\_\_\_  
\_\_\_\_\_
7. The impacts of more intense development be reduced through aesthetically pleasing design of the property, such as buffering and landscaping, appropriate height, scale, building materials, and style of improvements, signage and outdoor lighting: \_\_\_\_\_  
\_\_\_\_\_

**By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.**

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

**Application is Determined Complete**

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

**REQUEST WILL BE PRESENTED TO THE COMMISSION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.**

Logansport/Cass County/Walton Planning Department  
601 E. Broadway, Room 303  
Logansport, IN 46947  
Ph: 574-753-4381  
Fax: 574-722-3430

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**The City Of Logansport**  
**Development Plan Review: Downtown Overlay District**  
**LANDSCAPING APPLICATION**  
**(Section 407)**

This application must be submitted with the Development Review Application: General Application. This application should be accompanied by the following supporting documentation:

- Photographs of site and buildings
- A landscape plan showing all existing and proposed elements with Plant Schedule
- Proposed lighting (if applicable)

**Details of the Nature of Work Proposed (Attach separate sheet if necessary)**

Include a plant list that indicates plant quantity, type, spacing and size. Refer to zoning ordinance for spacing, size and quantity requirements:

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The Landscape Plan should include:

- Building Footprint (outline) of structures showing placement on the property.
- Location, size and dimensions of existing and proposed streets, alleys, utility easements, driveways, parking lots, parking aisles, and sidewalks.
- Number and location of off-street parking and loading spaces for the project.
- Show curbs, wheel stops or other permanent barriers used in the protection of landscape areas.
- Location and dimensions (L x W x H) of proposed landscape buffer strips, description of landscape materials used in the buffer strip.
- Location of required site/perimeter, street and parking lot trees.
- Location of existing and proposed site lighting.
- Locations of proposed plant materials with Plant Schedule. Plant Schedule to include a complete description of plant materials shown on the landscaping plan including names (common and scientific), quantities, container or caliper sizes at installation, heights and spacing.
- Location, height and description of proposed screening and fencing to be provided near off street parking, loading areas and dumpsters.
- Size, location, description of areas such as plazas, covered walkways, fountains, lakes and ponds, seating areas and outdoor recreation areas.

- Location, diameter and name of all protected trees on the lot. Existing trees on the lot (that meet the requirements of the zoning ordinance) may be documented as a required site, street or parking lot trees.
- Indication of which trees will be removed and detail of the trees to be removed: species, size and location.

**Parking Lot: Required Landscaping (Landscape Plan, Location and Plant Schedule required):**

<b>Location:</b>	<b>Ordinance reference:</b>	
<u>Site/Perimeter</u>	<i>407.06 I(2)(l): Where parking abuts the site perimeter there shall be provided at least one (1) understory tree per 20 feet of site perimeter. The landscaping plan shall include a full complement of overstory, ornamental and evergreen trees, shrubbery, and ground covers which are hardy and which provide year-round color and interest.</i>	
	<i>Required number of:</i> <i>Site Perimeter = _____ feet</i> <i>Trees: _____</i> <i>*for office use only</i>	<i>Provided number of:</i> <i>Site Perimeter = _____ feet</i> <i>Trees: _____ Shrubs: _____</i> <i>Groundcovers: _____</i>
<u>Street</u>	<i>407.06I(2)(d): Wherever a surface parking area faces a street, such frontage shall be screened with a decorative wall, railing, hedge, or a combination of these elements, to a minimum height of 3 feet and a maximum height of 3 and one half feet above the level of the parking lot, and the build-to-zone. Additional screen shall include trellises, trees or other landscaping elements. Plant screening shall be effective within four years of planting.</i>	
		<i>Provided number of:</i> <i>Trees: _____ Shrubs: _____</i> <i>Groundcovers: _____</i>
<u>Parking</u>	<i>407.06 I(2)(j): At least 10% of the total land area within the perimeter of parking lot and driveway areas shall be landscaped. Landscaped areas provided within the build-to-zone may be credited toward this 10% landscaping requirement on a square foot for square foot basis, for up to half of the 10% requirement.</i>  <i>407.06 I(2)(k): No more than eight (8) consecutive parking spaces are permitted without a landscape island of at least six (6) feet wide and extending the entire length of the parking space. Each island shall have at least one overstory tree (meeting the requirements of Section 306.13 (c) and be covered with grass, shrubs or living groundcover.</i>	
	<i>Required square footage:</i> <i>10% = _____ sq. ft.</i>  <i>*for office use only</i>	<i>Provided square footage:</i> <i>10% = _____ sq. ft.</i> (use an additional sheet for calculations if necessary)



**Landscape Lighting (if applicable):**

Type of lighting proposed: \_\_\_\_\_ Number proposed: \_\_\_\_\_

Size of light fixtures (L x W x H): \_\_\_\_\_ Height from grade: \_\_\_\_\_

Location: \_\_\_\_\_

Style (include separate sheet for specifications): \_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Logansport/Cass County/Walton Planning Department  
601 E. Broadway, Room 303  
Logansport, IN 46947  
Ph: 574-753-4381  
Fax: 574-722-3430

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**The City Of Logansport**  
**Downtown Development Review: Development Plan Review**  
**SIGNAGE APPLICATION**  
**(Section 407)**

This application must be submitted with the Development Plan Review Application: Downtown Overlay District, General Application. This application should be accompanied by the following supporting documentation:

- Samples of swatches, paint colors and/or materials to be used
- Proposed lighting
- Photographs of site and adjacent buildings
- A landscape plan showing all existing and proposed elements (if applicable)

**Details of the Nature of Work Proposed (Attach separate sheet if necessary)**  
(Please specifically list all materials and colors to be used)

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**Location of Existing Signs** (if applicable):

Number of Signs: \_\_\_\_\_ Type(s): \_\_\_\_\_

Square feet per sign: \_\_\_\_\_ Total square Feet: \_\_\_\_\_

**Location of Proposed Signs:**

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**Sign(s) Read(s):**

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**Type of Sign(s):**

Wall: \_\_\_\_\_ Canopy: \_\_\_\_\_ Monument: \_\_\_\_\_ Projecting: \_\_\_\_\_

If a wall sign, indicate location: \_\_\_\_\_

**Size of Sign(s):**

Width: \_\_\_\_\_ Height: \_\_\_\_\_ Depth: \_\_\_\_\_ Total square feet: \_\_\_\_\_

**Materials/Style**

Metal: \_\_\_\_\_ Color \_\_\_\_\_

Wood: \_\_\_\_\_ Color \_\_\_\_\_

Plastic: \_\_\_\_\_ Color \_\_\_\_\_

Glass: \_\_\_\_\_ Color \_\_\_\_\_

Other \_\_\_\_\_ Color \_\_\_\_\_

**Type of Mounting:**

\_\_\_\_\_  
\_\_\_\_\_

**Sign Lighting:**

Type of lighting proposed: \_\_\_\_\_ Number proposed: \_\_\_\_\_

Size of light fixtures (L x W x H): \_\_\_\_\_ Height from grade: \_\_\_\_\_

Location: \_\_\_\_\_ Style (include specifications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Landscaping (if applicable):**

Location of landscape areas: \_\_\_\_\_

Proposed landscape material:

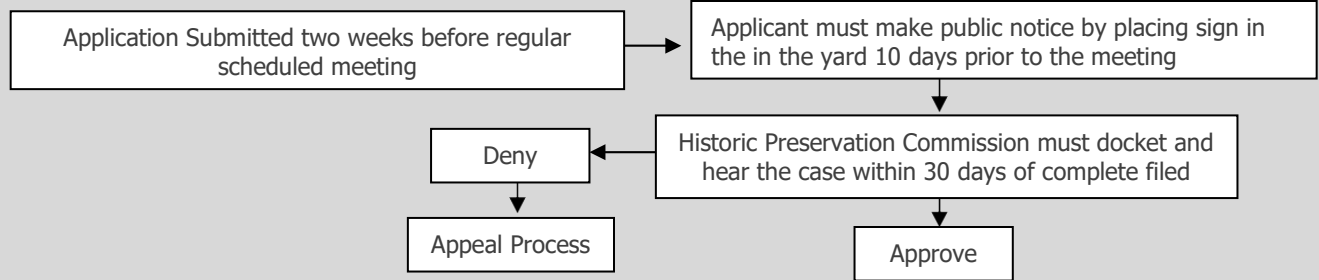
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

# HISTORIC PRESERVATION COMMISSION CERTIFICATE OF APPROPRIATENESS



## Filing:

Following materials must be included:

- Completed Application
- New Construction
  - (1) Site plan indicating existing structures, driveways, major landscaping, and location of proposed new buildings, driveways, and landscaping
  - (2) Photographs showing a view of the street with the building site and adjacent properties,
  - (3) Elevations of proposed new building,
  - (4) Description or sample of materials to be used.
  - (5) Any additional supporting materials necessary for the Board of Review to make a decision.
- Rehabilitation of an Existing Structure and Major Landscaping:
  - (1) Photographs indicating existing conditions,
  - (2) Description of samples of materials to be used
  - (3) For a substantial rehabilitation, applicant must also supply site plans, elevations, floor plans, and additional supporting materials necessary for the Historic Preservation Commission to make a decision.

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

**Logansport** \$20 (deposit for sign)  
*Make checks payable to City of Logansport*

## Public Notice:

Sign must be placed in the front yard of the property 10 days prior to the meeting.

*\*Sign must be brought back to the Planning Department at the meeting.*

## Representation at Public Meeting:

You or your legal representative must be present for your petition to be heard before the Historic Preservation Commission.

**Logansport:** 2<sup>nd</sup> Thursday of the Month at 8:45am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport

Certificate of Appropriateness: Upon designation of an area as a historic district, a Certificate of Appropriateness issued by the Logansport Historic Preservation Commission shall be required before a permit is issued for, or alteration begins on, any of the following:

### A. Within all areas of the historic district:

1. Demolition of any building;
2. Moving any building;
3. Conspicuous change in the exterior appearance of an existing building classified as historic by additions, reconstruction, alteration, or maintenance involving exterior color change; or
4. Any new construction of a principal building or accessory building or structure subject to view from a public street; and

### B. Within a primary area of the historic district:

1. Change in existing walls and fences, or construction of new walls and fences, if along a public street right-of-way; or
2. Conspicuous change in the exterior appearance of existing non-historic buildings by addition, reconstruction, alteration, or maintenance involving exterior color change, if subject to view from a public street.
3. Any major landscaping

C. Items Not Requiring Certificate of Appropriateness

1. Replacement of foliage up to four feet full grown height.
2. Landscaping maintenance, pruning, or replacement of foliage with plants of similar type and size.
3. Removal of trees smaller than eight inches in diameter for shade and evergreen trees and four inches in diameter for ornamental trees.
4. Repair of existing sidewalks, driveways, and steps not attached to a building.
5. Any work, visible from the street or public way, which does not change the present form of the property and is done as normal maintenance of the property.
6. The removal of inappropriate fences:
  - a. Chain-link fences (once removed, they cannot be replaced)
  - b. Board-on-Board, board and batten, basket weave, louver, split rail and stockade;
7. The installation of a single, wall-mounted mailbox near the main entrance on the front of the structure.
8. Approval is not required for the following roofs and gutter repairs and maintenance:
  - a. Repair of storm damaged roof areas if the surface matches the existing,
  - b. Replacement of up to 50% of deteriorated roof shingles on any roof surface if they match the existing roof shingles,
  - c. Repair or reroofing of any flat roof provided it is not visible from the ground and its shape is not altered,
  - d. Repair or relining of built-in gutters provided no portion of the gutter visible from the ground is altered,
  - e. Replacement of deteriorated portion of existing gutters if the replacements match that of the portions removed,
  - f. Replacement or installation of mechanical equipment, skylights, or vents on a flat roof provided the new element is not visible from the ground.
  - g. Any roofing improvements that are in the same color tone and/or material.
  - h. Exterior painting for new work if it is re-applied in the same existing color.
  - i. Minor repairs to the exterior of the structure are considered "routine maintenance".

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**The City Of Logansport  
Historic Preservation Commission  
CERTIFICATE OF APPROPRIATENESS  
(Section 405)**

*Certificate of Appropriateness is required for any construction, reconstruction, structural alteration, or demolition of any structure, any exterior change in color or materials, major landscaping in or on a Local Historic Designation.*

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**REPRESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_ **and is presently used as:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_

**Describe the nature of the project** (Attach additional pages if necessary. Site plans, photos, elevations, proposed material examples are required. Additional supporting materials are encouraged):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

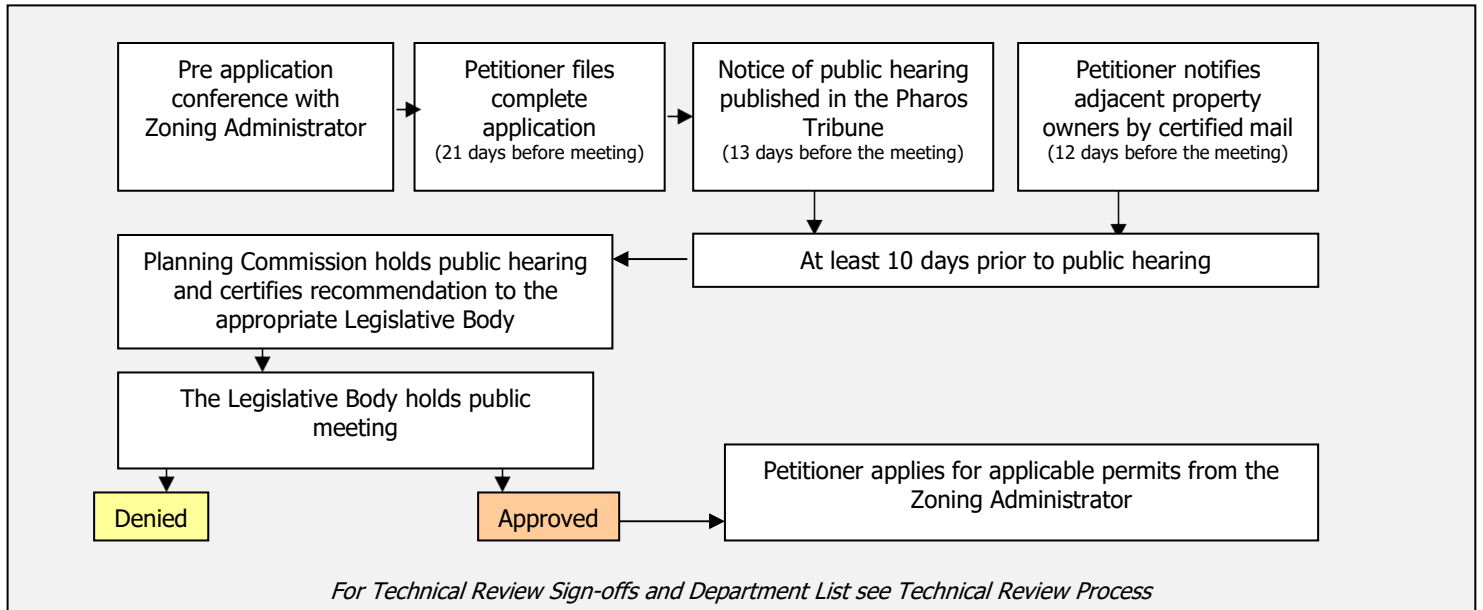
By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

# HISTORIC PRESERVATION COMMISSION DESIGNATIONS AND DEDESIGNATIONS



**Filing:**

Single Site Designation: Owners of property or Historic Preservation Commission wishing to establish a single site historic district, may petition the Commission according to the following rules:

1. a description of the property either by survey or deed of the proposed district must be provided;
2. the owner or owners must be in one of the potential districts proposed by the Commission or must give adequate justification for seeking designation as follows:
  - a. Its character, interest and value as part of the development of one or all of the following; the City of Logansport; Cass County; the State of Indiana; or the United States of America;
  - b. Its educational value;
  - c. Its suitability for preservation; and/or
  - d. Its portrayal of the environment of a group of people in an historical era.
3. the owner or owners must have indicated their reasons for proposing designation on an application filed with the Commission;
4. the Commission shall adopt a preservation plan and/or Secretary of Interior Standards that the district will apply by.

De-designation: The owner or owners of 51% or more of the real estate, by area, may petition the Historic Preservation Commission to have all or a portion of their real estate removed from the Historic District, and a completed application must be submitted to the Planning Department.

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

**Logansport**                      \$ 315 (de-designation only)  
*Make checks payable to City of Logansport*

**Public Notice:**

**Legal Notice**

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

**Interested Parties**

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property.

Submittals to Planning Director Prior to Hearing:

Proof of notification to all interested parties:

    Certificate of mailing receipt

Proof of publication to the Pharos Tribune

    Affidavit showing that the notice has been published in the paper

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Historic Preservation Commission and appropriate legislative body during the public hearing.

**Logansport:** 2<sup>nd</sup> Thursday of the Month at 8:45am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport

After Plan Commission's Public Hearing

Primary Approval must be finalized by the legislative body.

**Logansport City Council:** 1<sup>st</sup> Monday of the Month at 5:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a designation or de-designation.



Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for Designation  
HISTORIC OVERLAY DISTRICT  
(Section 405)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

\*Owner's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Information:**

Year Built: \_\_\_\_\_ Approximate Property Size: \_\_\_\_\_

Ownership: Private: \_\_\_\_\_ Public: \_\_\_\_\_

Original Use: \_\_\_\_\_

Current Use: \_\_\_\_\_

Architectural Style: \_\_\_\_\_

\_\_\_\_\_

**Historic Property Information:**

1. Please describe, in detail, historical aspects of the site/structure as well as any other significant factors which may determine the property as a historic site/structure (i.e. special aesthetics; cultural, architectural, or engineering factors; and any dates, events or persons associated with the site or structure). Use separate sheet if necessary.

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2. Has the site or structure been altered in any way from its original design? If yes, please explain.

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3. Would you describe the present condition as: Poor, Fair, Good or Excellent? Please explain.

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**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the Historic Preservation Commission.**

a. Does the proposed site have the character, interest and value of the development of one or all of the following; the City of Logansport; Cass County; the State of Indiana; or the United States of America? YES NO

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b. Does the proposed site have educational value? \_\_\_\_YES \_\_\_\_NO

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c. Is the proposed site suitable for preservation? \_\_\_\_YES \_\_\_\_NO

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d. Does the proposed site portray the environment of a group of people in a historical era?  
\_\_\_\_YES \_\_\_\_NO

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By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20 \_\_\_\_ AT \_\_\_\_\_.

THE CITY OF LOGANSPOUR  
HISTORIC PRESERVATION COMMISSION

Designation Agreement

I, \_\_\_\_\_, the applicant for \_\_\_\_\_  
NAME ADDRESS,

understand that after my property is designated as a Local Historic District, I must comply with the following procedures before any exterior changes can be made to my property.

1. A Certificate of Appropriateness (COA) application must be submitted to the Zoning Administrator 14 days before the regularly scheduled meeting of the Historic Preservation Commission.
2. After submittal, the Zoning Administrator will determine whether the application needs approval from the Historic Preservation Commission prior to a Building Permit or Improvement Location Permit is issued.
3. If the COA requires approval, the application shall be sent to the Historic Preservation Commission for review before the scheduled meeting.
4. A representative from the Historic Preservation Commission will contact you before the meeting to go over the proposed changes to the site and write a report of their findings.
5. The applicant is responsible for posting a sign notice on their site 10 days before the regularly scheduled meeting. Applicants may acquire these signs in the Zoning Administrator's Office.
6. At the meeting the Historic Preservation Commission will work with the applicant to make sure that all changes are historically minded. After the approval of a COA the applicant may obtain a Building Permit or ILP.

By my signature, I agree and understand that this property will be protected as a "Single Site Historic Landmark" in perpetuity. This action is recorded as a City Ordinance and shall be legally attached to the title of the property, for not and into the future regardless of ownership.

\_\_\_\_\_  
Signature of Property Owner Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011  
in the County of Cass, State of Indiana.

SEAL

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature Printed Name

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for De-Designation  
HISTORIC OVERLAY DISTRICT  
(Section 405.03)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

\*Owner's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**Historic Designation Ordinance Number:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Information:**

Year Built: \_\_\_\_\_ Approximate Property Size: \_\_\_\_\_

Ownership: Private: \_\_\_\_\_ Public: \_\_\_\_\_

Original Use: \_\_\_\_\_

Current Use: \_\_\_\_\_

Architectural Style: \_\_\_\_\_

\_\_\_\_\_

**Reason for De-Designation:**

1. Please describe, in detail, the reason why this site shall be removed as a local historic district or removed as a single site historic designation within the City of Logansport, Indiana. Use additional sheets if necessary.

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2. Has the site or structure been altered in any way from the date of the designation? Please explain.

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3. Would you describe the present condition as: Poor, Fair, Good or Excellent? Please explain

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4. Has the property received a Certificate of Appropriateness? If yes, when and for what?

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**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the Historic Preservation Commission.**

a. Do the parcels of real estate sought to be removed from the historic district continue to meet the development standards set forth in Article 11 Section 1(2) of the Logansport Historic Preservation Commission’s Rules and Procedures? The determination shall be specific as to the listed criteria applicable to the real estate. \_\_\_\_\_ YES    \_\_\_\_\_ NO

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b. Would the removal of the real estate from the historic district create an adverse economic impact on abutting real estate? \_\_\_\_\_ YES    \_\_\_\_\_ NO

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c. Would the removal of the real estate from the historic district cause an adverse impact on the City’s historic resources; specifically the loss of a rated structure as listed in the Cass County Interim Report. YES NO

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**DE-DESIGNATION STATEMENT:**

By my signature, I request for my property to be removed as a local historic district or be removed as a single site historic designation within the City of Logansport, Indiana. Additionally, the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

THE CITY OF LOGANSPORT  
HISTORIC PRESERVATION COMMISSION

Designation Agreement

I, \_\_\_\_\_, the applicant for \_\_\_\_\_  
NAME ADDRESS,

understand that after my property is designated as a Local Historic District, I must comply with the following procedures before any exterior changes can be made to my property.

1. A Certificate of Appropriateness (COA) application must be submitted to the Zoning Administrator 14 days before the regularly scheduled meeting of the Historic Preservation Commission.
2. After submittal, the Zoning Administrator will determine whether the application needs approval from the Historic Preservation Commission prior to a Building Permit or Improvement Location Permit is issued.
3. If the COA requires approval, the application shall be sent to the Historic Preservation Commission for review before the scheduled meeting.
4. A representative from the Historic Preservation Commission will contact you before the meeting to go over the proposed changes to the site and write a report of their findings.
5. The applicant is responsible for posting a sign notice on their site 10 days before the regularly scheduled meeting. Applicants may acquire these signs in the Zoning Administrator's Office.
6. At the meeting the Historic Preservation Commission will work with the applicant to make sure that all changes are historically minded. After the approval of a COA the applicant may obtain a Building Permit or ILP.

By my signature, I agree and understand that this property will be protected as a "Single Site Historic Landmark" in perpetuity. This action is recorded as a City Ordinance and shall be legally attached to the title of the property, for not and into the future regardless of ownership.

\_\_\_\_\_  
Signature of Property Owner Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011  
in the County of Cass, State of Indiana.

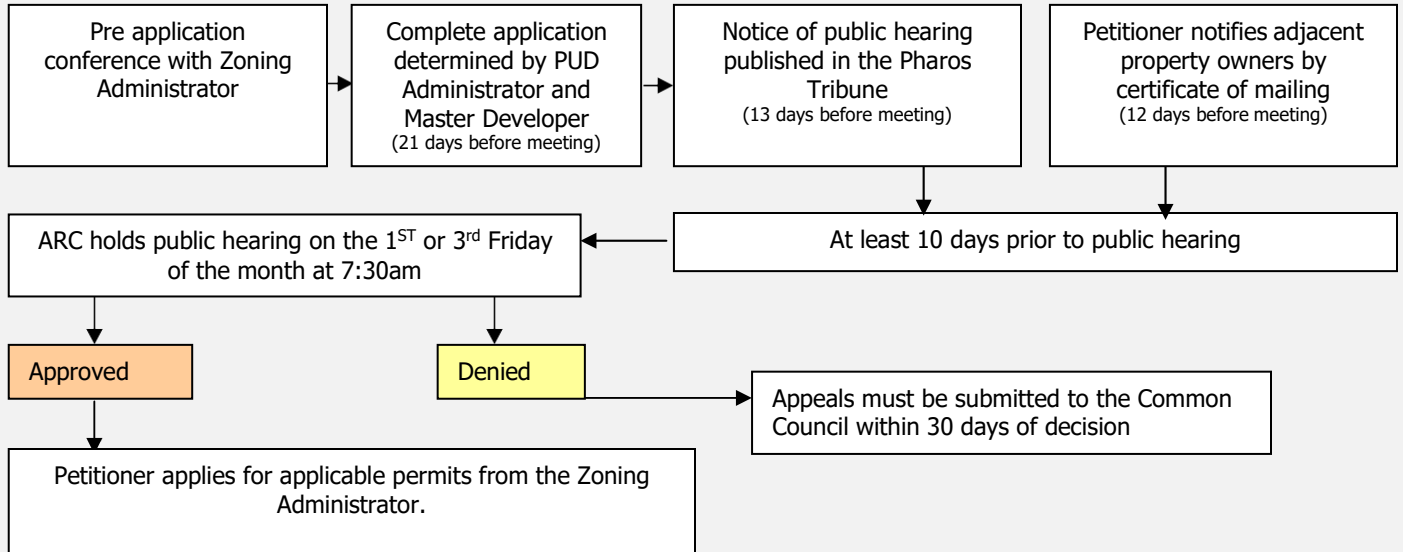
SEAL

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature Printed Name



## ARCHITECTURAL REVIEW COMMITTEE PROCESS



*For Technical Review Sign-offs and Department List see Technical Review Process*

**Filing:** Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - Lighting plan
  - Landscaping plan
  - Proposed building elevation and/or construction plan

The PUD Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

**Logansport**

Variance from Developmental Standards	\$215
Major Development Plan Reviews	\$ 90
Minor Development Plan review	\$35
Major Subdivision	\$165 + \$15per lot
Minor Subdivision	\$115

- *Make checks payable to City of Logansport*

**Public Notice:**

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

**Logansport**– 100 feet as well as adjacent and adjoining properties for Variances and just adjacent and adjoin for all other processes.

**Submittals to Zoning Administrator Prior to Hearing:**

Proof of notification to all interested parties:

- Certificate of mailing receipt

Proof of publication to the Pharos Tribune

- Affidavit showing that the notice has been published in the paper

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the BZA during the public hearing.

**Logansport:** 1<sup>st</sup> and 3<sup>rd</sup> Friday of the Month at 7:30am in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

Appeals from ARC Decision

The petitioner or an interested party may appeal any decision of the ARC to the Logansport Common Council within 30 days of decision.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_  
Article/Section Reference #: \_\_\_\_\_

**Application for DEVELOPMENT PLAN/DEVELOPMENT PLAN AMENDMENT  
to ARCHITECTURAL REVIEW COMMITTEE  
(Section 608)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Acreage of Property:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Description of Property Affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Present or Proposed Use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Proposed Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finding of Facts to be considered:**

- 1. Does the architectural character allow for creative interpretation of traditional design, motifs, and building materials that create a visually cohesive, integrated Village environment?

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- 2. Are the neighborhoods, activity areas, and Open Space around a well-designed transportation/ circulation network where pedestrian activity is strongly supported and integrated with vehicular streetscapes, service or parking areas?

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- 3. Do the retail, cafes, restaurants and personal or business services generate high pedestrian activity along ground floor locations and potential office space or residential units on upper floors of the Village Center or peripheral Mixed Use or residential developments?

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- 4. Does the design incorporate commercial, office, retail, institutional and public single lots into the overall Village fabric?

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- 5. Are the residential areas intermixed within close/walkable proximity of new commercial uses, places of work or dedicated Public Open Spaces and/ or amenities?

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- 6. Is there an emphasis on developing neighborhoods where new and existing residents and visitors can live, work and play?

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- 7. Does the design create an overall Village Center where Open Space, streetscapes with dedicated sidewalks, pathways, public and/ or institutional uses, and recreational uses are interwoven?

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**By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.**

Applicant's Signature: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

**Application is Determined Complete:**

\_\_\_\_\_  
PUD Administrator

\_\_\_\_\_  
Date

**REQUEST WILL BE PRESENTED TO THE COMMITTEE THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.**

**Requirements for Filing a Petition for a DP/ DP Amendment to the ARC.**

Application requirements and process information come from Sections 608 of the Zoning Ordinance. It is advised that the applicant carefully read these sections prior to filing. Below is a checklist of items that are required for a complete filing.

**Application must include the following applicable materials:**

- Filing Fee: See Fee Schedule (*if required*)
- Existing Site Map including vicinity map, existing structures, and vegetation
- Site Plan
- Architectural Elevations, Sketches, etc.
- Supplementary Sign Form
- Supplementary Landscaping/Parking Form
- Details including material, color and design of fenestration, awnings, facades, lighting, walls, fences, planters, and etc.
- Protective Covenants or Maintenance Agreements
- Statement of the proposed order of development, if phased project
- Other information that may be required by the respective LV district

**Agent Authorization Letter**

Date: \_\_\_\_\_

Architectural Review Committee  
C/O: Cass County/Logansport/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947

RE: Architectural Review Committee Agent Authorization for Application

To Whom it May Concern:

Be advised that I am the lawful owner of the property described in the application attached. As the owner, I hereby authorize and empower \_\_\_\_\_ to act as agent to file application(s) to the Architectural Review Committee, answer all pertinent questions to the proposed project and act on my behalf for the Architectural Review Committee application(s).

\_\_\_\_\_  
Signature Printed Date

STATE OF INDIANA (COUNTY OF \_\_\_\_\_) ss:  
BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE, PERSONALLY APPEARED:

\_\_\_\_\_  
Property Owner

WHO ACKNOWLEDGED THE EXECUTION FOR THIS FOREGOING INSTRUMENT AS HIS/HER VOLUNTARY ACT AND DEED FOR

WITNESS MY HAND AND NOTARY SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

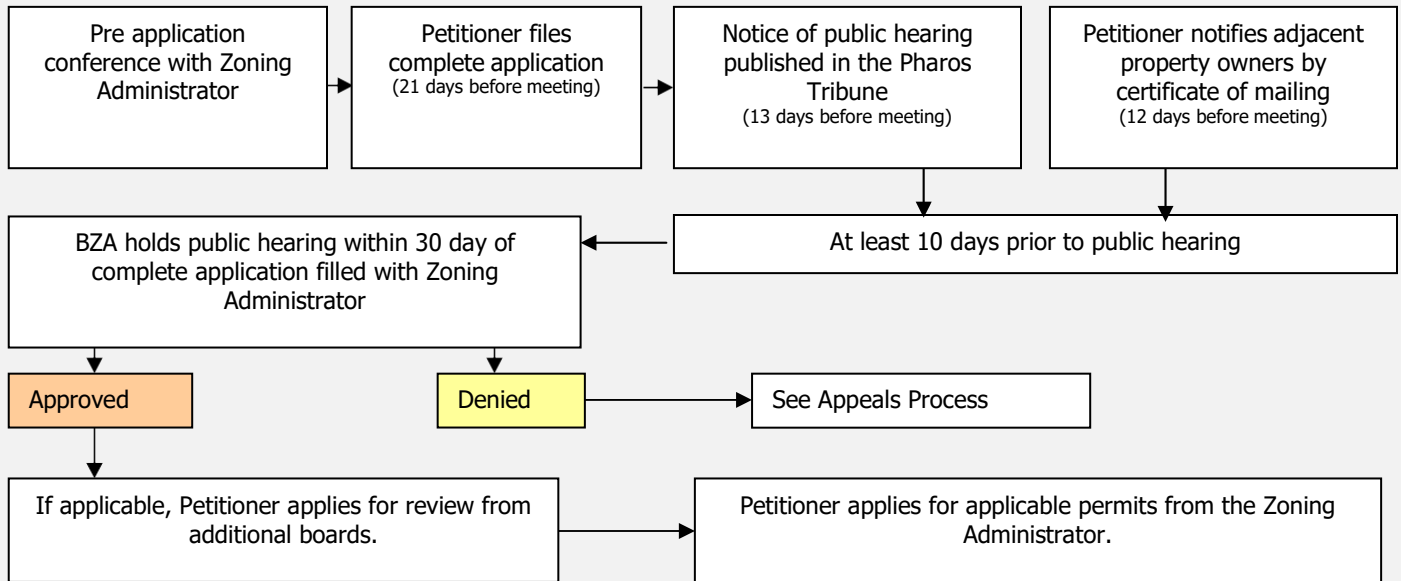
\_\_\_\_\_  
COUNTY OF RESIDENCE

(SEAL)

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
Notary Public signature Printed Name

## BOARD OF ZONING APPEALS PROCESS



*For Technical Review Sign-offs and Department List see Technical Review Process*

**Filing:** Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - Lighting plan
  - Landscaping plan
  - Proposed building elevation and/or construction plan

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable & includes \$15 commitment recording fee)

**Cass County and Logansport**

Use Variance	\$215	Special Exception	\$165
Variance from Developmental Standards	\$215	Appeals	\$ 65
Floodplain Variance	\$ 65		

- *Make checks payable to City of Logansport or Cass County Auditor*

- **Walton**

Use Variance	\$ 65	Special Exception	\$ 65
Variance from Developmental Standards	\$ 65	Appeal	\$ 65
Floodplain Variance	\$ 65		

- *Make checks payable to the Town of Walton*

**Public Notice:**

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

**Logansport and Walton** – 100 feet as well as adjacent and adjoining properties

**Cass County** – 300 feet as well as adjacent and adjoining properties

**Submittals to Zoning Administrator Prior to Hearing:**

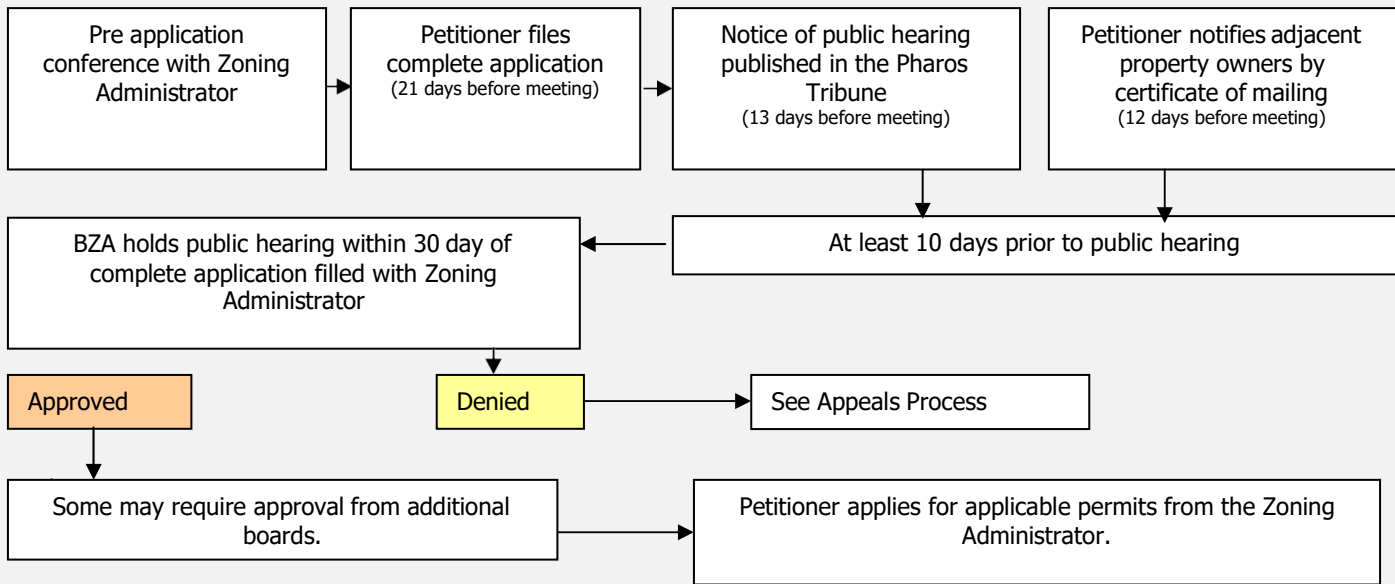
Proof of notification to all interested parties:

- Certificate of mailing receipt

Proof of publication to the Pharos Tribune

- Affidavit showing that the notice has been published in the paper

## BOARD OF ZONING APPEALS PROCESS



*For Technical Review Sign-offs and Department List see Technical Review Process*

**Filing:** Following materials must be included:

- Complete Application
- Warranty or Quit Claim deed from Recorder's Office (1<sup>st</sup> Floor County Building)
- Agent Authorization Letter and/or Owner Affidavit, signed and notarized (if different than applicant)
- Consent of Owner (if different than applicant)
- Site Plan and/or Survey showing:
  - Property lines
  - North arrow
  - Scale
  - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
  - Lighting plan, landscaping plan, and proposed building elevation and/or construction plan
- If applying for CAFO additional materials are required:
  - A mortality plan with location and screening, landscaping plan and timeframe for instillation

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

**Cass County and Logansport**

Use Variance	\$215	Special Exception	\$165
Variance from Developmental Standards	\$215	Appeals	\$ 50
Floodplain Variance	\$ 65		

- *Make checks payable to City of Logansport or Cass County Treasurer*

- **Walton**

Use Variance	\$ 165	Special Exception	\$ 115
Variance from Developmental Standards	\$ 165	Appeal	\$ 65
Floodplain Variance	\$ 65		

- *Make checks payable to the Town of Walton*

**Public Notice:**

**Legal Notice**

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

**Interested Parties**

Planning Staff will provide a list of interested parties. The notice of public hearing must be sent to all interested parties by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

Logansport and Walton – 100 feet as well as adjacent and adjoining properties  
Cass County – 300 feet as well as adjacent and adjoining properties

**Submittals to Zoning Administrator the FRIDAY before the Hearing:**

Proof of notification to all interested parties:

- Certificate of mailing receipt

Proof of publication to the Pharos Tribune

- Affidavit showing that the notice has been published in the paper



### Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the BZA during the public hearing.

**Logansport:** 3<sup>rd</sup> Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 4<sup>th</sup> Monday of the Month at 6:00pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport

**Walton:** 4<sup>th</sup> Wednesday of the Month at 7:00 pm in Walton Town Hall located at 100 Depot St., Walton

### Special Exception

What is a Special Exception?

A Special Exception is a use which is allowable within a particular zoning district contingent upon approval from the Board of Zoning Appeals. Additional review is needed to ensure that the use does not adversely affect the public. In each case, careful consideration of the impact of the special use on neighboring land must be given, and the appropriateness of the Special Exception location must be determined.

### Variance from Developmental Standards

What is a Variance from Developmental Standards?

A Variance from Developmental Standards is departure from any provisions of the zoning requirements for a specific parcel, except use, without changing the zoning ordinance or the underlying zoning of the parcel. This process assures that no property, because of special circumstances applicable to it, shall be deprived of privileges commonly enjoyed by other properties similarly located and zoned, only in specific instances where the application of the strict letter of the regulations of the zoning ordinance create practical difficulties for the specific property.

### Use Variance

What is a Use Variance?

A use variance requires BZA approval of a particular use request by the applicant for use not currently permitted in the zoning district without changing the zoning ordinance or the underlying zoning of the parcel. A Use Variance is granted only upon demonstration of hardship based on the peculiarity of the property in relationship to other properties in the same zoning district.

### Appeals

Appeals from Administrative Decisions

According to IC 36-7-4-918.1, the BZA shall review appeals from any order, requirement, decision or determination made by

- A an administrative official, hearing officer, or staff member under the zoning ordinance;
- B an administrative board or other body (except a plan commission) in relation to the enforcement of the zoning ordinance; or
- C an administrative board or other body (except a plan commission) in relation to the enforcement of an ordinance adopted under this chapter requiring the procurement of an improvement location or occupancy permit.

### Appeals from BZA Decision

IC 36-7-4-1003 states each decision of the board of zoning appeals is subject to review by a higher court. Anyone who is unhappy with a board of zoning appeals decision may file with the circuit or superior court in Cass County within 30 days of the decision, a petition setting forth that the decision is illegal in whole or in part and specifying exactly what makes it illegal. The BZA gets 20 days after the petition is filed, to show cause. If the BZA fails to satisfy the court, the board of zoning appeals shall then set forth the pertinent facts and data to show the grounds of their decision, which may include a transcript of the hearing before the board. The court makes its determination and renders its judgment with reference to the legality of the decision of the board of zoning appeals. If the court determines that testimony is necessary it may take evidence to supplement the facts disclosed by the BZA. In passing on the legality of the decision of the board the court may reverse, affirm, or modify the decision of the board.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for VARIANCE FROM DEVELOPMENTAL STANDARDS  
(Section 807)**

**\_\_\_\_\_ Board of Zoning Appeals (BZA)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the extraordinary or peculiar conditions pertain to the requested property or building in question:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standards of Zoning Ordinance requesting Variance from Developmental Standards from:**

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**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.**

A. Will the approval of this variance request be injurious to the public health, safety, morals, and the general welfare of the community?

Yes ( ) No ( )

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B. Will the use and value of the area adjacent to the property included in the variance request be affected in a substantially adverse manner if the petition is approved?

Yes ( ) No ( )

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C. Will the strict application of the terms of the Zoning Ordinance result in practical difficulties in the use of the property involved in the petition?

Yes ( ) No ( )

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By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for SPECIAL EXCEPTION  
(Section 805)**

**\_\_\_\_\_ Board of Zoning Appeals (BZA)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the Use that you are requesting a Special Exception for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information to the best of your ability if it pertains to your petition to the BZA.

**A. Lighting:**

- 1. Style: \_\_\_\_\_
- 2. Height: \_\_\_\_\_
- 3. Location: \_\_\_\_\_

**B. Signage:**

- 1. Dimensions: \_\_\_\_\_
- 2. Materials: \_\_\_\_\_
- 3. Placement: \_\_\_\_\_
- 4. Lighting: \_\_\_\_\_

**C. Hours of Operation:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Parking/Access:**

\_\_\_\_\_

**Parking Classification (office use only)** \_\_\_\_\_

**E. Landscaping/Buffer yards:**

\_\_\_\_\_

**Bufferyard Classification (office use only)** \_\_\_\_\_

**F. Number of Employees:** \_\_\_\_\_

**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.**

- A. Does the proposed use involve any element or cause any condition that may be dangerous, injurious or noxious to any other property or persons?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

- B. Does it comply with the performance standards of the Ordinance?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

- C. Is the proposed use sited, oriented, and landscaped so that the relationship of its buildings and grounds to adjacent buildings and properties does not impair health, safety, or comfort, and does not adversely affect values of adjacent properties?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

D. Does the proposed use produce a total environmental effect which is harmonious with, and not harmful to, the environment of the neighborhood?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

E. Does the proposed use organize vehicular access and parking to minimize conflicting traffic movement of adjacent streets?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

F. In the case of a change in non-conforming use, is the proposed use equally appropriate or more appropriate to the district than the existing or former non-conforming use?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

G. Does the proposed use promote the objectives of this Ordinance and the Comprehensive Plan?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for USE VARIANCE  
(Section 806)**

**\_\_\_\_\_ Board of Zoning Appeals (BZA)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the extraordinary or peculiar conditions pertain to the requested property or building in question:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standards of Zoning Ordinance requesting Use Variance from:**

\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information to the best of your ability if it pertains to your petition to the BZA.**

**A. Lighting:**

- 1. Style: \_\_\_\_\_
- 2. Height: \_\_\_\_\_
- 3. Location: \_\_\_\_\_

**B. Signage:**

- 1. Dimensions: \_\_\_\_\_
- 2. Materials: \_\_\_\_\_
- 3. Placement: \_\_\_\_\_
- 4. Lighting: \_\_\_\_\_

**C. Hours of Operation:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Parking/Access:**

\_\_\_\_\_

**Parking Classification (office use only)** \_\_\_\_\_

**E. Landscaping/Buffer yards:**

\_\_\_\_\_

**Bufferyard Classification (office use only)** \_\_\_\_\_

**F. Number of Employees:** \_\_\_\_\_

**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.**

A. Will the approval of this variance request be injurious to the public health, safety, morals, and the general welfare of the community?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

B. Will the use and value of the area adjacent to the property included in the variance request be affected in a substantially adverse manner if the petition is approved?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

C. Does the need for the variance request arise from some condition peculiar to the property involved, and not generally characteristic of other property in the same zoning district?  
Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_



D. Will the strict application of the terms of the zoning ordinance result in an unnecessary hardship if applied to the property for which the variance is sought?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

E. Will the approval of this variance request interfere substantially with the policies of the Comprehensive Plan?

Yes ( ) No ( )

\_\_\_\_\_  
\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for FLOODPLAIN VARIANCE  
(Section 808)**

**\_\_\_\_\_ Board of Zoning Appeals (BZA)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

\*Owner's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the Use that you are requesting a Special Exception for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.**

A. Does there exist good and sufficient cause for the requested variance?  
Yes ( ) No ( )

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B. Does the strict application of the terms of the Ordinance constitute an exceptional hardship to the applicant?  
Yes ( ) No ( )

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C. Will the granting of the requested variance increase flood height, create additional threats to public safety, cause additional public expense, create nuisances, cause fraud or victimization of the public, or conflict with existing laws or ordinances?  
Yes ( ) No ( )

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By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_  
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Appeal of Administrative Decision  
(Section 804)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_

\_\_\_\_\_

**Legal description of property affected:**

\_\_\_\_\_

\_\_\_\_\_

**Statement of appeal and reasons for necessitating appeal:**

\_\_\_\_\_

\_\_\_\_\_

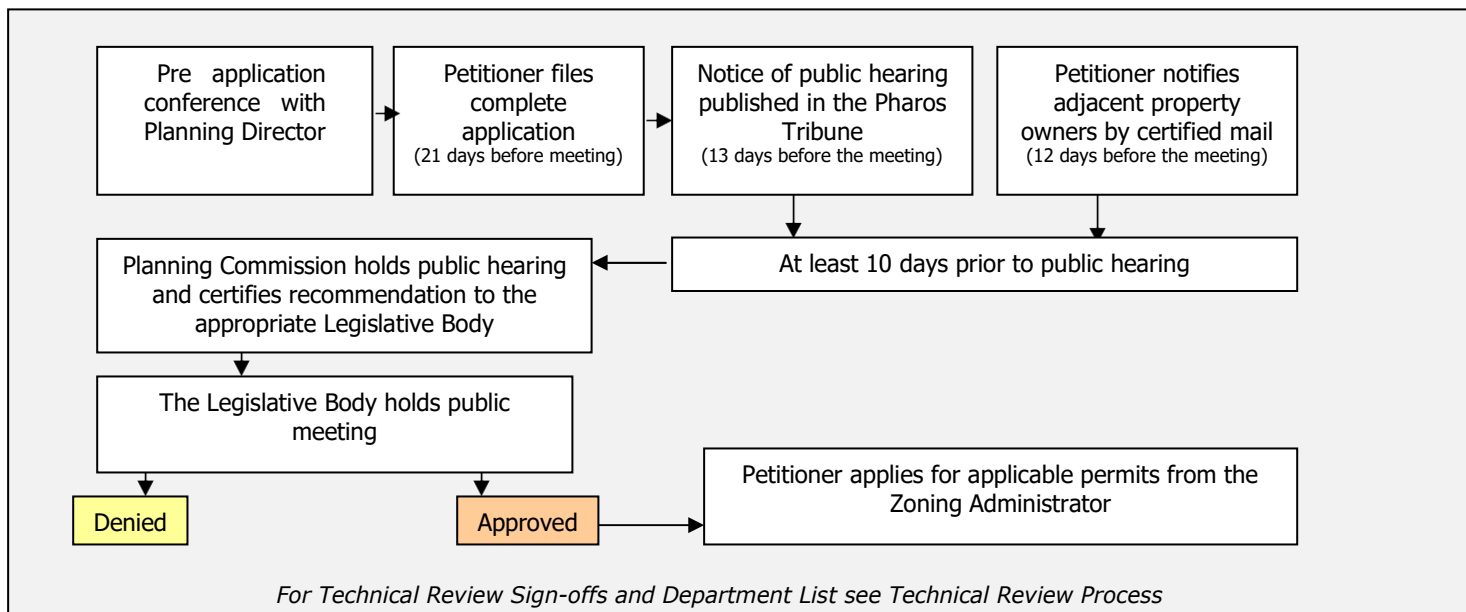
By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

## REZONING PROCESS



**Filing:** Following materials must be included:

- Complete Application
- Agent Authorization Letter, signed and notarized (if different than applicant)

The Planning Director will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport \$265  
*Make checks payable to City of Logansport or Cass County Treasurer*

Walton \$130  
*Make checks payable to the Town of Walton*

### Public Notice:

#### Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

#### Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being rezoned.

### Submittals to Planning Director Prior to Hearing:

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

### Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission during the public hearing.

Logansport: 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

Cass County: 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 1<sup>st</sup> Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

After Plan Commission's Public Hearing

Rezoning must be finalized by the legislative body.

**Logansport City Council:** 1<sup>st</sup> Monday of the Month at 6:30pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a rezoning.

**Cass County:** 1<sup>st</sup> and 3<sup>rd</sup> Monday of the Month at 1:00 pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for rezoning approval.

**Walton:** 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for rezoning approval.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

### Application for Zone Map Amendment (Section 905)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

#### APPLICANT INFORMATION

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

#### OWNER INFORMATION (if different from applicant information)

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Existing Zoning Classification of Property:** \_\_\_\_\_

**Proposed Zoning Classification of Property:** \_\_\_\_\_

**Address or Legal description of property:**

\_\_\_\_\_

**Percentage of Property Owners Included:** \_\_\_\_\_

**Statement or reason for the request for a Zone Map Amendment:**

\_\_\_\_\_

\_\_\_\_\_

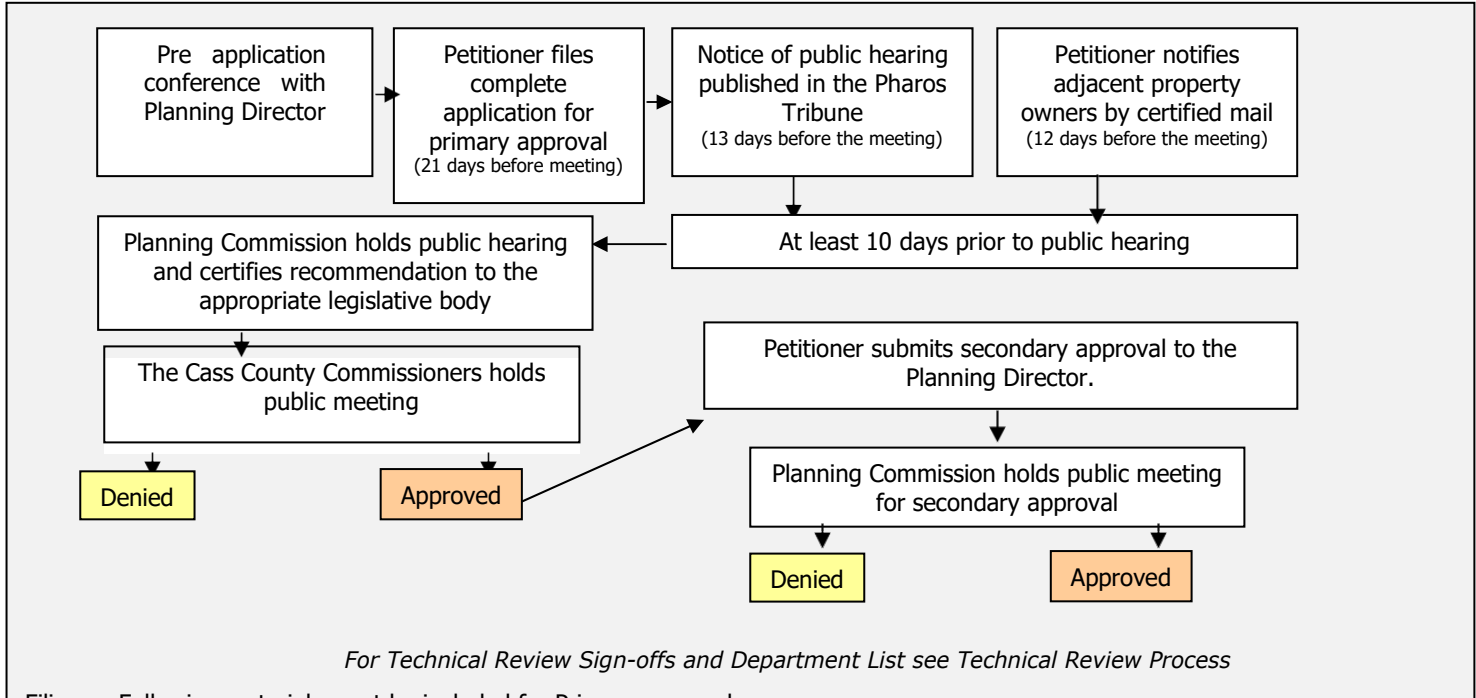
By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

## PLANNED UNIT DEVELOPMENT PROCESS



**Filing:** Following materials must be included for Primary approval:

- Complete Application with site plan
- Specific development requirements must be set out in the Planned Unit Development District Ordinance pursuant to I.C. 36-7-4-1508 and I.C. 36-7-4-601(d) (2). These specific development requirements must determine the following:
  - A. requirements for the area of front, rear, and side yards, courts, other open spaces and total lot area;
  - B. requirements for site conditions, signs, and nonstructural improvements, such as parking lots, ponds, fills, landscaping, and utilities;
  - C. provisions for the treatment of uses, structures, or conditions that are in existence when the zoning ordinance takes effect;
  - D. restrictions on development in areas prone to flooding;
  - E. requirements to protect the historic and architectural heritage of the community;
  - F. requirements for structures, such as location, height, area, bulk, and floor space;
  - G. restrictions on the kind and intensities of uses;
  - H. performance standards for the emission of noises, gases, heat, vibration, or particulate matter into the air or ground or across lot lines;
  - I. standards for population density and traffic circulation;
  - J. any other provisions that are necessary to implement the purposes of the zoning ordinance.
- Agent Authorization Letter, signed and notarized (if different than applicant)
- Technical Review Committee sign-off

The Planning Director will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport \$215 + \$10 per lot/unit  
*Make checks payable to City of Logansport or Cass County Treasurer*

Walton \$115 + \$10 per lot/unit  
*Make checks payable to the Town of Walton*



Public Notice (for Primary Approval):

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being rezoned.

Submittals to Planning Director Prior to Hearing (for Primary Approval):

Proof of notification to all interested parties:

Certificate of mailing receipt

Proof of publication to the Pharos Tribune

Affidavit showing that the notice has been published in the paper

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission and appropriate legislative body during the public hearing.

**Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport

**Walton:** 1<sup>st</sup> Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

After Plan Commission's Public Hearing (for Primary Approval)

PUDs Primary Approval must be finalized by the legislative body.

**Logansport City Council:** 1<sup>st</sup> Monday of the Month at 6:30pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a PUD.

**Cass County:** 1<sup>st</sup> and the 3<sup>rd</sup> Monday of the Month at 1:00pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for PUD approval.

**Walton:** 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for PUD approval.

After Primary Approval

Applicant can submit for secondary approval by providing the following: (no Improvement Location Permit or Building Permit may be issued prior to secondary):

- Complete Application (showing all conditions of primary are met or performance guarantee given for such conditions)
- Site plan with all documentation from primary approval
- Land use delineation existing and proposed
- Construction Plans
- Drainage Plan
- Erosion Plan
- Final Grade Plan
- Landscaping/Buffering Plan
- Open Space Plan
- Protective covenants or horizontal property ownership, maintenance agreements for all common areas, and owners' association documents
- All documents with name, address, seal, certification and signature of Registered Engineer and/or Land Surveyor

Secondary approval is then taken to the Plan Commission for approval at a regularly scheduled public meeting.

**Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.

**Cass County:** 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport

**Walton:** 1<sup>st</sup> Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for Planned Unit Development  
(Section 600)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Existing Zoning Classification of Property:** \_\_\_\_\_

**Proposed Zoning Classification of Property:** \_\_\_\_\_

**Address or Legal description of property:**

\_\_\_\_\_

\_\_\_\_\_

**Statement or reason for the request for a Zone Map Amendment:**

\_\_\_\_\_

\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

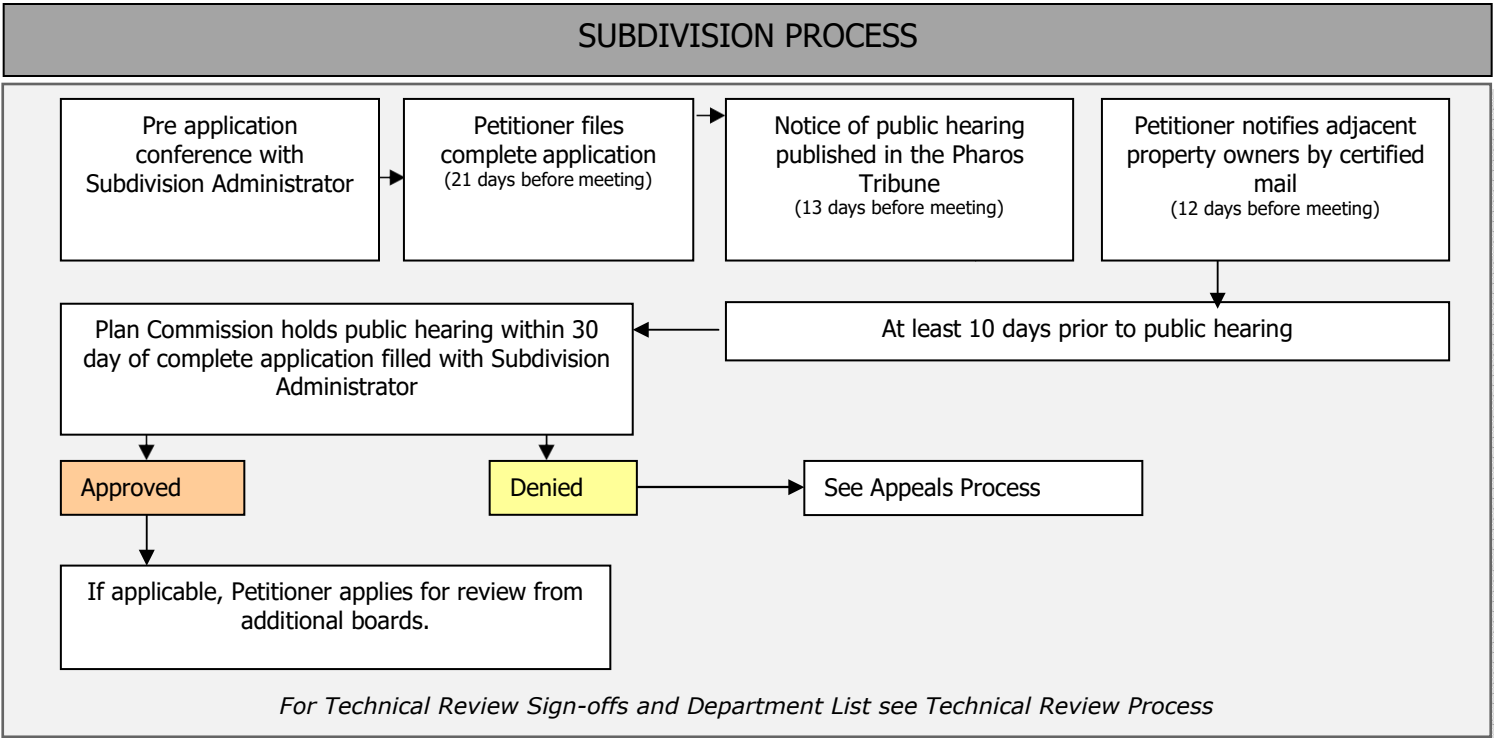
REQUEST WILL BE PRESENTED TO THE BOARD THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_.

**Check list of required materials for Primary Approval:**

- \_\_\_ Signed and completed Application
- \_\_\_ Filing Fee (\$200.00 – including Primary and Secondary Approval)
- \_\_\_ Certificate of Ownership: signed and notarized by all property owners
- \_\_\_ Site Plan by registered engineer or land surveyor with:
  - \_\_\_ property dimensions
  - \_\_\_ north arrow
  - \_\_\_ all streets, alleys and roadways, including centerline, right-of-ways, easements, etc.
  - \_\_\_ location and dimensions of all existing and proposed structures, including canopies, overhangs, covered walkways and related structures, improvements and paved areas, including entrances, exits and parking spaces, loading areas, interior traffic lanes and driveways
  - \_\_\_ drainage and erosion control plan including the location and condition of all on-site and related off-site drainage facilities, culverts, sewers and ditches
  - \_\_\_ setbacks from front, side and rear lot lines
  - \_\_\_ location and proposed including wells and/or septic systems
  - \_\_\_ flood plain boundary and 100-year flood elevation
  - \_\_\_ a legal description of property
  - \_\_\_ Lighting Plan including the location, type, size and height of all exterior lighting
  - \_\_\_ Landscape Plan including location, type, size and height of all existing and proposed landscaping and buffering, including open space, screening, walls and fencing
  - \_\_\_ location and size of all proposed outside operations, storage areas, trash receptacles including the location and type of all fencing or landscape screening
  - \_\_\_ Phase Plan, if applicable

**Check list of required materials for Secondary Approval:**

- \_\_\_ All documentation of primary approval
- \_\_\_ Final Site Plan and appropriate supporting materials including Phase Plan being applied for, Construction Plans, Lighting Plan, Landscape Plan, Drainage/Erosion Control Plan, Grading Plan, Open Space Plan
- \_\_\_ Performance Guarantees, including Performance Bonds, etc.
- \_\_\_ Final Construction Plans for all right-of-ways, easements, public improvements, etc.
- \_\_\_ Any protective covenants, owners association documents, maintenance agreements, etc.



- Filing:** Following materials must be included for Subdivision/Replat:
- A. Complete Application
  - B. Agent Authorization Letter, signed and notarized (if different than applicant)
  - C. Plat with all standards required for each type of subdivision as specified with in the appropriate subdivision ordinance
  - D. Soil test
  - E. At the time of submittal Staff with send application to Technically Review for sign-off

- Following materials must be included for Vacations:
1. fill out application/ pay fee
  2. Provide instrument for vacation (like a deed of land)
  3. State the reasons for and circumstances prompting the request
  4. Specifically describe the property in the plat proposed to be vacated
  5. Give the name and address of each owner of land in the plat
  6. Letter from all utilities
  7. The petitioner must also provide information about recorded covenants and commitments if they are seeking to vacate those as well.

The Subdivision Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

- **Cass County and Logansport**

Minor Subdivisions	\$115	Major Subdivisions	\$165 +\$15 per lot
Vacation of Plat/Replat	\$65		

*Make checks payable to City of Logansport or Cass County Treasurer*
- **Walton**

Minor Subdivisions	\$105	Major Subdivisions	\$130 +\$15 per lot
Vacation of Plat/Replat	\$80 +\$15 per lot		

*Make checks payable to the Town of Walton*

**Public Notice:**

**Legal Notice**

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant. The fee must be paid before the notice is published. For more information call: 1-800-750-5049

Public Notice:

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners adjacent and adjoining the property being subdivided.

Submittals to Subdivision Administrator Prior to Hearing:

Proof of notification to all interested parties:

- Certificate of mailing receipt

Proof of publication to the Pharos Tribune

- Affidavit showing that the notice has been published in the paper

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the Plan Commission during the public hearing. Minor subdivision can be approved at Plat Committee, which could be setup sooner than a full Plan Commission Meeting. Major Subdivisions must all go to full Plan Commission, which are the dates listed below.

- **Logansport:** 2nd Monday of the Month at 4:00pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport.
- **Cass County:** 1<sup>st</sup> Tuesday of the Month at 8:30am in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport
- **Walton:** 1<sup>st</sup> Monday of the Month at 6:00pm in Walton Town Hall located at 100 Depot St., Walton

After Public Hearing

- After all conditions or comments are fulfilled and any right-of-way has been accepted, secondary approval will be signed off by the Subdivision Administrator.
- The plat must then get sign offs from the Treasurer, Assessor, and Recorder.
- During or after recording of the subdivision, a deed must be recorded for the new parcel. (Note: this is usually done by an attorney)

What are the different types of Subdivisions?

Exempt: Any subdivision of land that includes the following: (Note these are approved by Subdivision Administrator only before being recorded)

- A Any land that is being divided for agricultural purposes and not for the purpose, whether immediate or future use for building development, other improvement for residential, commercial, industrial, recreational, or other non-residential purpose; or any land being divided as a farm that is at least 20 acres in size.
- B Any land being divided for sale or exchange between adjoining land owners or for the combining with an existing adjacent parcel, provided no additional building sites are created and all, involved parcels comply with the appropriate Zoning Ordinance.
- C Any land being divided which had an existing residence or business structure located on the parcel on the effective date of the appropriate Ordinance, and which meets the Zoning Ordinance standards and regulations.
- D Any land being divided pursuant to a court decree.
- E Any land being divided or acquired by a public agency or utility for a street or utility right-of-way or easement, other than those required for a subdivision as defined in this Ordinance.
- F Any land being divided for cemetery plots.
- G Any land being divided from the parent tract, as defined, which results in no more than one lot, parcel, site, unit, plat, or interest for the purpose of offer, sale, lease, transfer of ownership or development. (*except Logansport and Fringe Zoning Ordinance*)

- H. Any land being divided for the paramount purpose of establishing a site for a radio or television tower, telecommunication antenna or facility provided such use has zoning approval.
- I. Any land being divided that is not a major or minor subdivision (as defined).

Major Subdivision: Any subdivision of land that includes the following:

- A. Any land being divided which involves the construction or extension of public streets, private streets, or access easements, other than one or two pipestem lots using an access easement.
- B. Any land being divided that under the terms set forth in this Ordinance involves the substantial improvements or realignment of an existing street or road or the provision of any public facility or utility.
- C. Any land being divided into more than four lots or the combined and cumulative total of more than four lots from an original parent tract.
- D. Any resubdivision or changes on a recorded secondary plat approved pursuant to this Ordinance which is not a minor subdivision.
- E. Any subdivision which requires a modification to the terms of this Ordinance.
- F. Any subdivision which has common open space or land to be maintained by a covenant agreement or property owners association.

Minor Subdivision: Any subdivision of land that includes the following:

- A. Any land being divided into four or fewer lots or the combined and cumulative total of four or fewer lots from an original parent tract which does not involve the construction or extension of public streets, private streets or access easements except for two pipestem lots sharing a common access easement.
- B. Any land being divided into four or fewer lots or the combined and cumulative total of four or fewer lots from an original parent tract that under the terms set forth in this Ordinance does not involve the substantial improvement or realignment of any street or road.
- C. Any re-subdivision of a recorded secondary plat approved pursuant to this Ordinance which involved only the changing of the notations written on the plat or correction of errors thereon, which involves only the removal of interior lot or parcel lines provided the outside perimeter of the property remains unchanged and that fewer parcels result than were contained in the original plat.
- D. Any division of land into one or two pipestem lot using an access easement.

RESUBDIVISION or REPLAT:

A change in a map of a plat having secondary approval or a recorded subdivision plat. Any re-subdivision that doesn't meet the minor subdivision definition must be approved by the Commission according to major subdivision procedure.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
File Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

**Application for SUBDIVISION  
Minor \_\_\_ or Major \_\_\_  
(Subdivision Control Ordinance)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule. (\*if same or not applicable leave blank)

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

\*Owner's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

\*Representative: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_

**Name of Proposed Subdivision:** \_\_\_\_\_

**Number of Parcels & Total Area (square feet or acreage):**  
\_\_\_\_\_

**Address or common description of property:**  
\_\_\_\_\_  
\_\_\_\_\_

**Legal description of property affected:**  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Use of Subdivision (i.e.: Single or Multi-Family Residential, Commercial or Industrial)**  
\_\_\_\_\_  
\_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

**Applicant's Signature:** \_\_\_\_\_

(If signed by representative for applicant, state capacity)

SUBMITTAL CHECKLIST: Including, but not limited to the following:

- \_\_\_\_\_ Notarized owners certificate as per Appendix A of the Subdivision Control Ordinance.
- \_\_\_\_\_ Statement of approval from County Health Department, if applicable.
- \_\_\_\_\_ A filing fee as established by the adopted fee schedule.
- \_\_\_\_\_ A Primary Plat as per Section 402.03 of the Subdivision Control Ordinance.
- \_\_\_\_\_ Protective Covenants of proposed subdivision.
- \_\_\_\_\_ Names and addresses of all Interested Parties as defined in By-Laws.
- \_\_\_\_\_ Drainage and Erosion Control Plans as required.

ADDITIONAL REQUIREMENTS FOR MAJOR SUBDIVISIONS AS FOLLOWS:

- \_\_\_\_\_ Location and boundaries of any lots in previously approved subdivisions.
- \_\_\_\_\_ Topographic map at two foot intervals.
- \_\_\_\_\_ Proposed public roads/streets and easements depicted on plat.
- \_\_\_\_\_ Parcels to be dedicated for public or semi-public use.
- \_\_\_\_\_ Construction plans and documentation to show that standards of Article Five are met in construction improvements.

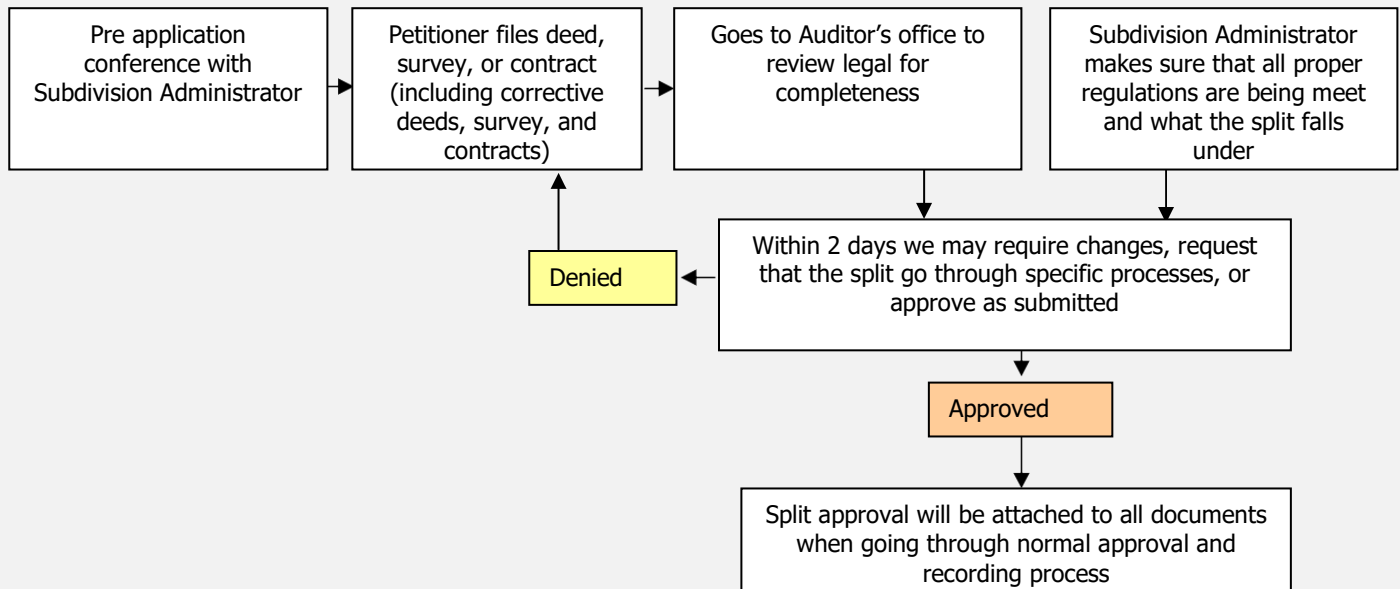
NOTE 1: Additional requirements for Secondary Approval are listed in Section 405 and 406 of the Subdivision Control Ordinance.

NOTE 2. Fulfilling requirements for dedication of improvements and notification for inspection of same during construction is the responsibility of the Subdivider.

NOTE 3. Upon approval of a Subdivision, the Subdivider shall record the Plat with the County Recorder's Office and shall transfer it to the County Auditor's Office.



## EXEMPT SPLIT APPROVAL PROCESS

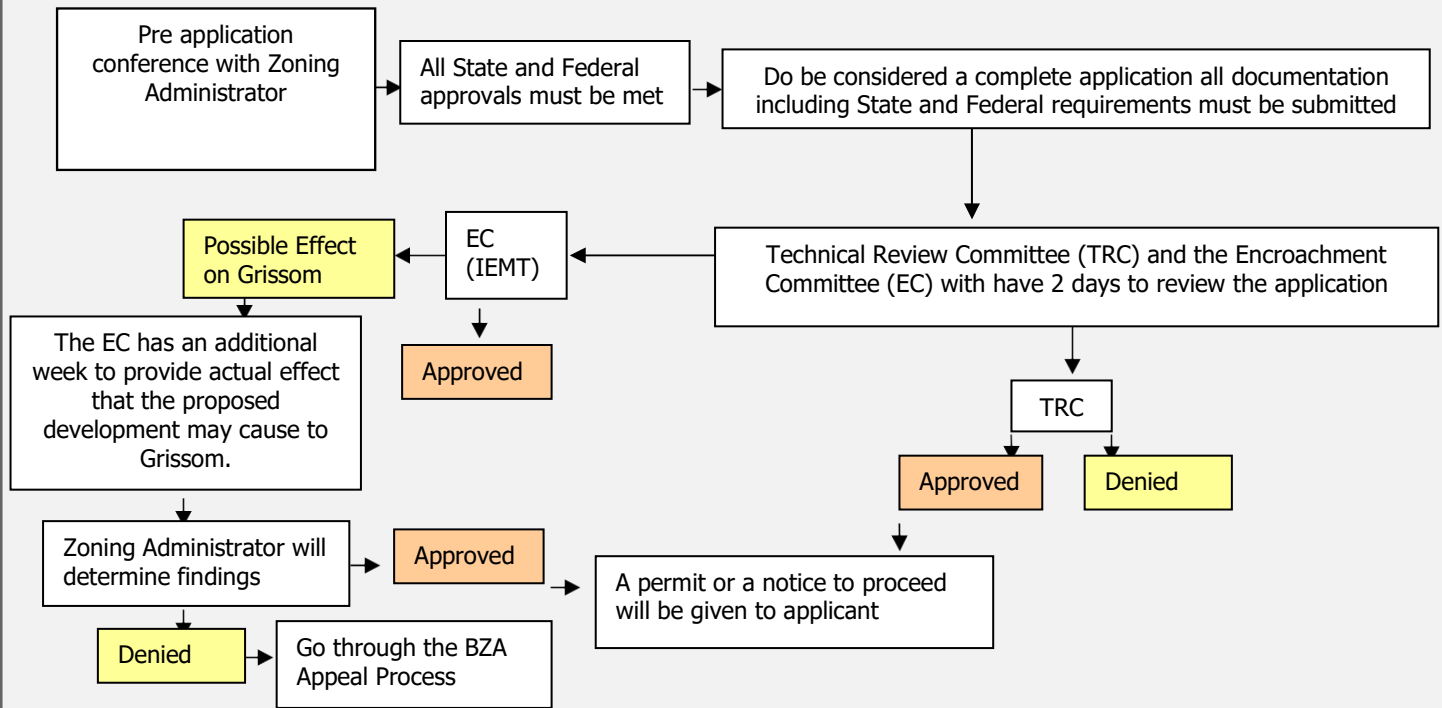


Filing: Following materials must be included on surveys for split approval:

1. Legal description
2. Names and addresses of the owner, subdivider, and consulting engineer, land surveyor, or planning firm who prepared the plan.
3. Legend and notes, including the scale, north arrow, and date.
4. County parcel tax identification number(s).
5. Tract boundary lines showing dimensions, bearings, angles, and references to section, township, and range lines or corners, closing with an error of not more than 1 foot in 5000 feet.
6. Layout of lots showing dimensions and numbers and square footage or acreage of each lot excluding area within rights-of-way.
7. Showing the closest building to the newly created line with setback dimensions unless setback is greater than 50ft.
8. Existing streets and rights-of-way on and adjoining the site of the proposed subdivision showing the names, roadway widths, types and widths of pavements
9. Existing and proposed easements, including the location, width, and purpose of such easements must be shown on plat.
10. Location of all other natural features.
11. Boundary lines or elevations for approximate limits of floodway and floodway fringe areas on each lot as scaled from the flood plain district maps and regulations of the Zoning Ordinance.
12. Location, type, material, and size of all monuments and markers
13. The surveyor's certificate must be located on the plat.

Note: All surveys that are completed for splits must be recorded before the new deed. Also the Subdivision Administrator sign-offs must be recorded with all deeds, contracts, and plats.

## Encroachment Committee Review (Grissom Overlay)

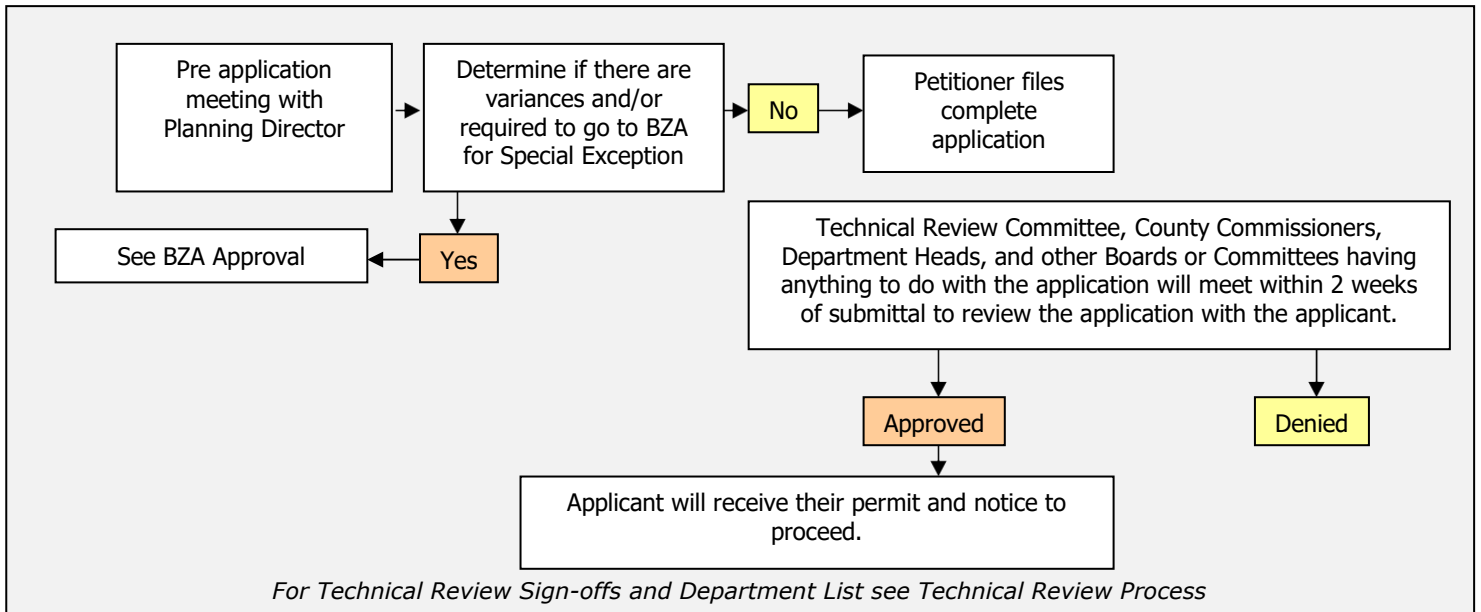


*For Technical Review Sign-offs and Department List see Technical Review Process*

**Filing:** Following materials must be included:

- A. Complete Application (if required)
- B. Agent Authorization Letter, signed and notarized (if different than applicant)
- C. Site Plan and/or Survey showing:
  1. Property lines
  2. North arrow
  3. Scale
  4. Dimensions of setbacks, building, parking areas, etc.
- D. Supporting material including, but not limited to:
  1. Lighting plan
  2. Landscaping plan
  3. Proposed building elevation and/or construction plan
- E. State and Federal approvals (if required)

## WIND ENERGY CONVERSION SYSTEMS (WECS)



\* Note: the following doesn't exempt any applicant from other Federal, State, and Local requirements or approvals.

### Filing for All WECS:

- A. Improvement Location Permit Application must be completed
- B. A copy of all Memorandum of Agreements signed by Participating Landowners authorizing the placement of the identified WECS Towers on landowners property and/or adjoining properties.
- C. Statement of Federal Aviation Administration compliance:  
A statement of compliance with all applicable Federal Aviation Administration (FAA) rules and regulations, including any necessary approvals for installations within close proximity to an airport
- D. Utility notification:  
No Non-commercial WECS shall be installed until evidence has been given that the local utility company has been informed of the customer's intent to install an interconnected customer-owned generator. Off-grid systems shall be exempt from this requirement.
- E. Compliance with National Electrical Code:  
A line drawing of the electrical components in sufficient detail to allow for a determination that the manner of installation conforms to the National Electrical Code. This information is frequently supplied by the manufacturer.
- F. Contact information of project applicant:  
The name(s), address(es), and phone number(s) of the applicant(s), as well as a description of the applicant's business structure and overall role in the proposed project.
- G. Contact information of current project owner:  
The name(s), address(es), and phone number(s) of the owner(s), as well as a description of the owner's business structure and overall role in the proposed project, and including documentation of land ownership or legal control of the property on which the WECS is proposed to be located. The Planning Staff shall be informed of any changes in ownership.
- H. Contact information of project operator:  
The name(s), address(es), and phone number(s) of the operator(s), as well as a description of the operator's business structure and overall role in the proposed project.

I. Legal description:

The legal description, address, and general location of the project.

J. Project description:

A WECS Project Description, including to the extent possible, information on each wind turbine proposed, including:

1. Number of turbines;
2. Type;
3. Name plate generating capacity;
4. Tower height;
5. Rotor diameter;
6. Total height;
7. Anchor base;
8. The means of interconnecting with the electrical grid;
9. The potential equipment manufacturer(s); and
10. All related accessory structures.

K. Engineering certification:

For all WECS, the manufacturer's engineer or another qualified registered professional engineer shall certify, as part of the building permit application that the foundation and tower design of the WECS is within accepted professional standards, given local soil and climate conditions. An engineering analysis of the WECS Tower showing compliance with the applicable regulations and certified by a licensed professional engineer shall also be submitted. The analysis shall be accompanied by standard drawings of the wind turbine structure, including the tower, base, and footings.

L. Proof of correspondence and cooperation with wildlife agencies:

For the purposes of preventing harm to migratory birds and in compliance with the Migratory Bird Treaty Act, the applicant shall provide written documentation that he or she is in direct correspondence and cooperation with the U.S. Fish and Wildlife Service and the Indiana Department of Natural Resources.

M. Submit all approved Federal, State, and Local applications as an addendum to the complete application.

N. Any other item reasonably requested by the Planning Staff.

Additional Filing for Non-commercial WECS:

A. Demonstration of energy need:

The primary purpose of the production of energy from a Non-Commercial WECS shall be to serve the energy needs of that tract. The applicant(s) shall demonstrate how much energy is needed and how the proposed size and number of the WECS Towers fulfills this need. Net-metering may be allowed, but shall not be the primary intent of the WECS.

B. A site layout plan:

A site layout plan, drawn at an appropriate scale, showing distances pertaining to all applicable setback requirements and certified by a registered land surveyor.

Additional Filing for Commercial WECS

A. A preliminary site layout plan:

A Commercial WECS shall include a preliminary site layout plan with distances drawn to an appropriate scale illustrating the following:

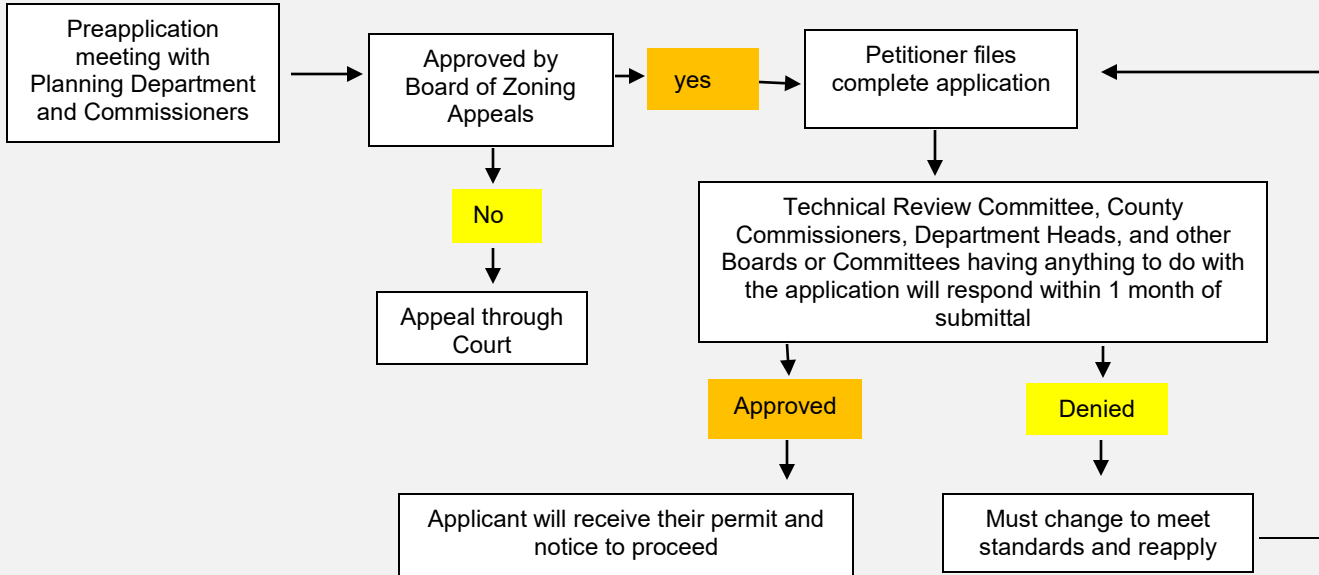
1. Property lines, including identification of adjoining properties;
2. The latitude and longitude of each individual WECS Tower, along with individual identification of each WECS Tower;
3. Dimensional representation of the structural components of the WECS Tower construction including the base and footings;
4. WECS access roads;
5. Substations;
6. Electrical cabling;
7. Ancillary equipment;
8. Primary structures within one quarter (1/4) mile of all proposed WECS Towers;
9. Distances from each individual WECS Tower to each setback requirement;

10. Location of all public roads which abut, or traverse the proposed site;
11. The location of all above-ground utility lines within a distance of two (2) times the height of any proposed WECS structure;
12. The location of any historic or heritage sites as recognized by the Division of Historic Preservation and Archeology of the Indiana Department of Natural Resources, within one (1) mile of a proposed WECS Tower; and
13. The location of any wetlands based upon a delineation plan prepared in accordance with the applicable U.S. Army Corps of Engineers requirements and guidelines, within one (1) mile of a proposed WECS Tower.
14. Topographic map  
A USGS topographical map, or map with similar data, of the property and the surrounding area, including any other WECS Tower within a ten (10) rotor distance, but no less than a one quarter (1/4) mile radius from the proposed project site, with contours of not more than five (5) foot intervals.
15. Noise profile
16. Location of all known WECS Towers within one (1) mile of the proposed WECS Tower, including a description of the potential impacts on said WECS Tower and wind resources on adjacent properties.
17. Copy of the Communications Study

#### Filing for All Meteorological Towers

1. Application must be completed
2. A copy of all Memorandum of Agreements signed by Participating Landowners authorizing the placement of the identified WECS Towers on landowners property and/or adjoining properties.
3. A copy of the agreement where landowner has authorized the placement of a Meteorological Tower on their property.
4. Preliminary site layout plan:
  1. Property lines, including identification of adjoining properties;
  2. The latitude and longitude of each individual Meteorological Tower;
  3. Dimensional representation of the structural components of the tower construction, including the base;
  4. Required setback lines
  7. Location of all public roads which abut, or traverse the proposed site;
  8. The location of all above-ground utility lines within a distance of 2 times the height of any proposed tower; and
  9. Any other items reasonably requested by the Plan Department.
5. Variance approval if any Non-Commercial Meteorological Tower is greater than 200 feet in height

## Solar Energy System



*For Technical Review Sign-offs and Department list see Technical Review Process*

\* Note: the following doesn't exempt any applicant from other Federal, State, and Local requirements or approvals.

### Filing for All Solar Energy System:

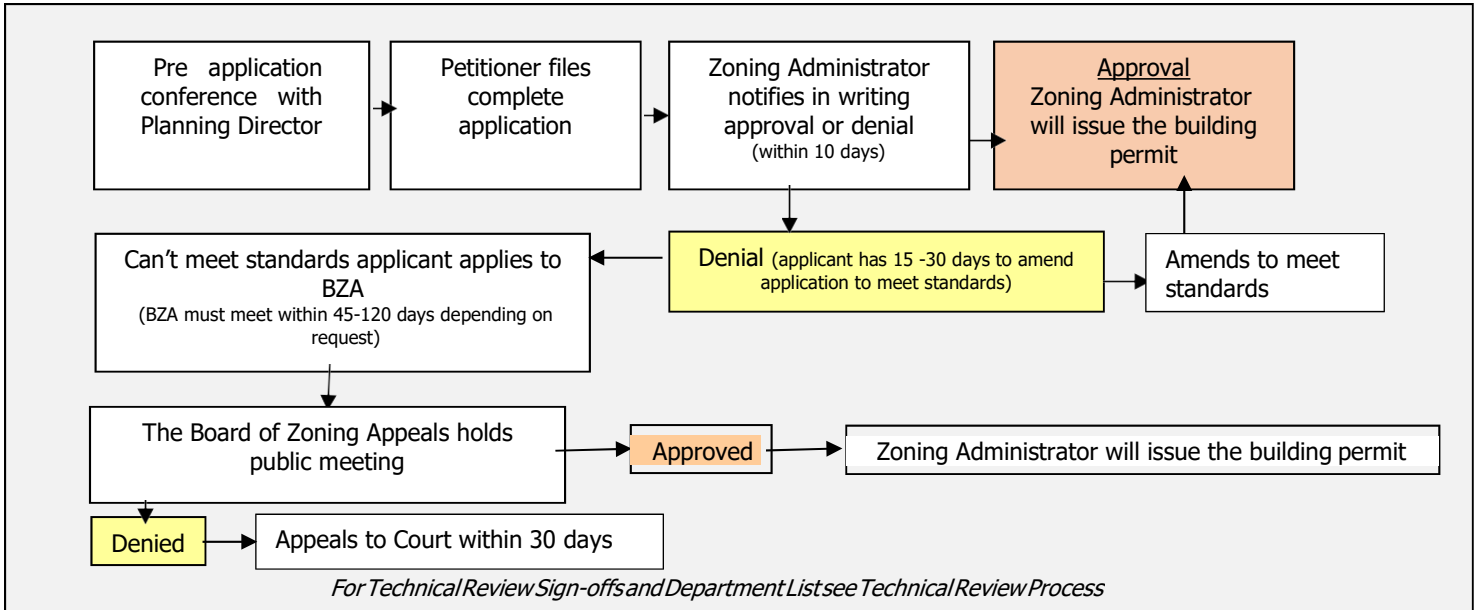
1. Improvement Location Permit Application with Site Plan
  - if signed by the developer, the developer must provide a properly executed lease agreement or notarized letter from the property owner authorizing the proposed development
2. Solar system specifications, including typical manufacturer and model
3. Array/module design, site plans w/ acreage, lighting plan, and installation plan
4. Proof that the American National Standards Institute, Underwriters laboratories, American Society of Testing and Materials, Institutes of Electrical and Electronics Engineers, Solar Rating and Certification Corporation, International Building Code, Federal Aviation Administration and Nation Electrical code are being followed when applicable.
5. Written confirmation from utility allowing connection, unless an off-grid system
6. Evidence that a roof or wall mounted system is capable of holding the load based off the International Building Code, if applicable

### In Addition, Commercial Solar Energy System Shall Provide:

1. Scope of work including:
  - Project description including the number of arrays and their configuration, name plate generating capacity, equipment manufacturers, means of connecting to the electrical grid, ancillary equipment and a site layout plan drawn to appropriate scale (site requirements may be delineated on multiple pages including all buildings, setbacks, access permanent and temporary, etc...); map of entire area; vegetation plan; lighting and signage plan; maximum spatial extent (height and fence line), plan showing compliance with screening and buffer yard requirements
2. A letter from the legislative body certifying that an economic agreement and road use agreement has been signed and approved as well as a copy of the approved Drainage Agreement, Maintenance Agreement and Decommissioning Agreement.
3. An approval letter or approved permit of development from the Federal Aviation Administration if any part, piece or component of the CSE penetrates navigable airspace as defined by the Federal Aviation Administration's rules, regulations and guidelines;
4. Provide a Glare Study and Noise Study
5. Shall prove the system installed does not cause wire or wireless communication signal disturbance

6. Engineering Certification from the manufacturer's engineer or another qualified registered professional engineer shall certify, as part of the building permit application, that all equipment is within accepted professional standards, given local soil and climate conditions.
7. Provide a fire-protection and safety plan for the construction and operation of the CSES facility, which includes emergency access to the site. The developer will work with township representatives such as trustees, Cass County EMS and/or its successor, and any and all fire departments providing services and/or mutual aid to address concerns about fire safety and emergency response and to coordinate safety planning and potential need for specialized equipment for extinguishing solar-panel/-equipment fires.
8. A plan that shows how the onsite utilities, transmission lines, and conductors will be located on the site. If they are not underground the plan must show type of conduit that will be used in those areas.
9. Exterior Lighting Plan (if applicable)
10. Signage Plan showing required warning signs as well as signs that may be required by installer or manufacturer
11. Provide Contact information for the Contractor and Company's Project Manager, and the person responsible for the Solar Farm after constructed and contact after construction.
12. Engineering certification that the foundation is designed within accepted professional standards given local soil and climate conditions
13. If possible a shapefile of the solar farm.
14. Any other item reasonably requested by the Planning Staff

## Wireless Facilities



**Filing:** Following materials must be included: (applicants can consolidate multiple applications into one)

- Complete Application
  - Although the application does ask for Contractor wireless facilities are exempt from this requirement
    - But we do ask that all contractors that work in Cass County be registered in our office
  - Including Evidence supporting the choice of the location for the proposed wireless support structure, including a sworn statement from the individual responsible for the choice of location demonstrating that collocation of wireless facilities on an existing wireless support structure was not a viable option because collocation:
    - Would not result in the same wireless service functionality, coverage, and capacity;
    - Is technically infeasible; or
    - Is an economic burden to the applicant
- Federal Communication Commission, Federal Aviation Administration, and American Nation Standards Institute provide information demonstrating compliance
- Construction Plans
- Engineered Certificate for the fall zone
- Consent of Owner, Agent Authorization Letter and/or sign off from co-location owner (if applicable)
- A point of contact and maintenance schedule

*\*any confidential or proprietary information provide to the planning department must be marked as such, so as to not be released as public information.*

### Timeframe

The Planning will approve or deny submitted applications in writing within 10 business days of a complete application. A complete application will be determined by the Zoning Administrator.

### ILP Denied

If an application is denied, and the applicant can't amend to meet standards within 30 days or 15 days for collocates, the application may apply to the Board of Zoning Appeals, which will approve or deny a case within a reasonable period of time.

Reasonable period of time (unless applicant requests additional time):

Collocations: 45 days

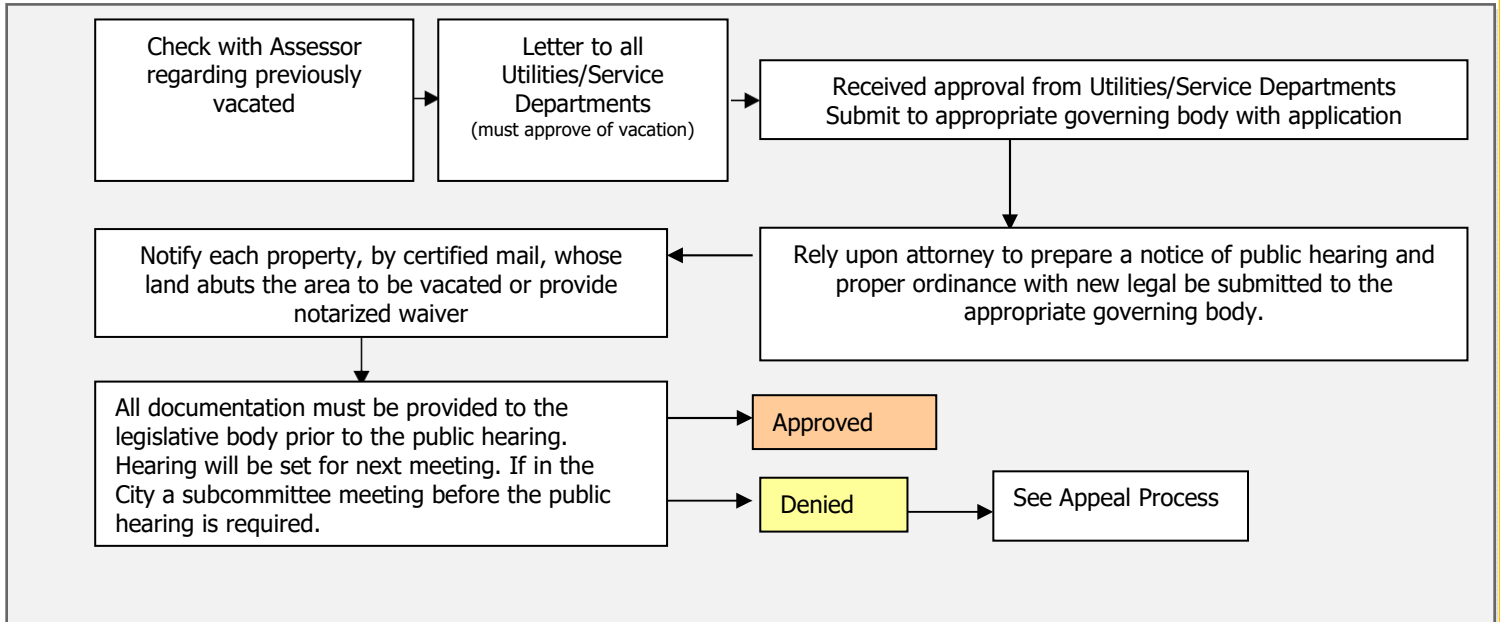
New/Substantial Modification(IC 8-1-32.3-11) of Structure: 90 days or 120 days for a use variance

### Fee

ILP and BZA applications will be **NO FEE** from the Planning Department, but due to public hearing at BZA meetings applicants shall pay for third party fees with for legal notice and mailings to interested parties.



## RIGHT-OF-WAY VACATION PROCESS



### Filing instructions

- A The applicant is required to:
1. fill out application
  2. Provide instrument for vacation (like a deed of land)
  3. State the reasons for and circumstances prompting the request
  4. Specifically describe the property in the plat proposed to be vacated
  5. Give the name and address of each owner of land in the plat

The petitioner must also provide information about recorded covenants and commitments if they are seeking to vacate those as well.

- B Within 30 days the appropriate legislative body will have a public hearing.
- C If denied the appropriate governing body may provide petitioner with written findings that set forth the decision. After 2 years the request may be heard again by such body.

*\*Note that decisions are final and that any aggrieved party may seek review through IC 36-7-4-1016*

- D. Petitioner must record the instrument with the certificate showing the approval of the vacation from the Council or Commissioners.

*\*Note that the description of lots and parcels shall be preserved even after vacation unless 5 acres or more which can be described by metes and bounds.*

### Legislative Body Public Hearing/Meeting Dates

**Logansport City Council:** 1<sup>st</sup> Monday of the Month at 6:30pm in the City Council Chambers, 3<sup>rd</sup> Floor, Logansport City Building located at 601 East Broadway, Logansport. There must be two readings to approve a rezone.

**Cass County:** 1<sup>st</sup> and 3<sup>rd</sup> Monday of the Month at 1:00pm in the County Commissioners, 2<sup>nd</sup> Floor, Cass County Government Building located at 200 Court Park, Logansport. Only one reading is required for rezone approval.

**Walton:** 1<sup>st</sup> Monday of the Month at 6:30pm in Walton Town Hall located at 100 Depot St., Walton. Only one reading is required for rezone approval.

### Example Letter to Utility/Service Departments

# PLAT/PUBLIC WAY/PLATTED EASEMENT VACATION

**\*NOTE: Please fill out entire Application and submit with documents listed below. Incomplete Applications will not be accepted. In addition to Application the Applicant must SUBMIT an INSTRUMENT OF VACATION (deed of land or survey).**

## APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## OTHER CONTACT (Agent/Surveyor):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## STATE THE REASONS FOR AND CIRCUMSTANCES PROMPTING REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLAT VACATION:

Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Property Street Address: \_\_\_\_\_  
Adjacent Streets: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Total acreage: \_\_\_\_\_ Parcel ID: \_\_\_\_\_  
Covenants or Commitments with  
Parcels: Yes ( ) No ( )  
If yes, do you want to vacate them as well? Yes ( ) No ( )  
Provide a list of names and address of each owner of land in the plat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STREET VACATION:

Street: \_\_\_\_\_  
Legal description: \_\_\_\_\_  
Platted: Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_  
Subdivision/Addition: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Total acreage: \_\_\_\_\_

Provide a list of names and address of surrounding property owners:

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“As the Applicant, I state that the information provided in this Application and all attachments is true and accurate to the best of my knowledge. I understand that inaccurate information may result in delayed review and scheduling of this item.”

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## UTILITY & SERVICE DEPARTMENTS

*Note: This is NOT an all encompassing list. You must contact your specific providers in your area.*

Northern Indiana Public Service Company  
1619 W. Logansport Road  
Peru, IN 46970  
(765) 472-6469  
Or other utility providers

Logansport Municipal Utilities  
Bob Dunderman – Paul Hartman - Jim Jackson  
601 E. Broadway, Room 101  
Logansport, IN 46947  
(574) 753-6231  
Or other utility providers

Frontier  
3216 Imperial Parkway  
Lafayette, IN 47909  
(765) 423-3531  
Or other telephone and internet providers

Comcast  
1413 S Reed Rd.  
Kokomo, IN 46902  
(800)934-6489

Logansport Street Department  
612 Race Street  
Logansport, IN 46947  
(574) 753-4610

Logansport Fire Department  
630 High Street  
Logansport, IN 46947  
(574) 753-3102

Wabash Valley Refuse  
316 Spring Valley Road  
Wabash, IN 46992  
1-800-989-2539  
or other trash providers

Police  
601 E Broadway  
Logansport, IN 46947  
(574) 753-4101



ORDINANCE 2019-

AN ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF  
LOGANSPORT, INDIANA VACATING AN ALLEY IN THE CITY OF LOGANSPORT

WHEREAS,

WHEREAS

WHEREAS

NOW THEREFORE, BE IT ORDAINED

SECTION 1.

SECTION 2.

**SECTION 3.**

**SECTION 4.**



**CASS COUNTY  
ALLEY & STREET VACATIONS**

1. Check with the Cass County Assessor's Office in the County Building and make sure that the alley/street has not already been vacated. You will also want to get a copy of the plat.
2. A letter must be sent to all utility and service departments (See example letter) with your intentions. All utility/service departments must approve of the request to vacate. If an utility/service department does not agree to vacate, sometimes an agreement/easement can be obtained with that department. Attached is a list of all utility/service departments to contact.
3. Once all utility/service departments have responded to your request, and if all agree to the vacation, you will want to rely upon the services of an attorney to prepare a notice of public hearing, petition and proper ordinance. This **must** be presented to the Auditor's Office and a copy to the Commissioner's Office.
4. You must also notify each property owner, by certified mail, whose land abuts the area to be vacated. Proof of this notification **should** be presented at the same time as the public hearing, petition and ordinance. A copy of the approval from all the utility/service departments must be presented at the same time.
5. When a copy of all the above is presented to the Commissioner's Office and Auditor's Office they will put you on the Commissioner's meeting agenda to discuss the vacation and look at all the documents before the ordinance for the vacation is approved.

## (Example Letter)

Date

Logansport Municipal Utilities  
Robert Dunderman  
601 E. Broadway  
Logansport, IN 46947

Dear Mr. Dunderman,

I am interested in vacating an alley. The alley to be vacated is a north/south alley which runs between 112 & 114 Simple Street. I have enclosed, for your convenience, a map of this section and have highlighted the specific area. Please advise me in writing if you approve or if the closing of these platted alleys/streets would create any hardship for your utility or service company.

For your convenience, you may check the appropriate line below, sign your name and date. I have also enclosed a self-addressed stamped envelope for your convenience.

Yes, I approve of the vacation.

No, I do not approve of this vacation. If no, please explain.

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SIGNATURE COMPANY

DATE

Your prompt response to this request is greatly appreciated.

Sincerely,  
John Doe  
112 Simple Street  
Logansport, IN 46947

# (Example Notice)

## **NOTICE OF PUBLIC HEARING**

Notice is hereby given that the Cass County Commissioners will hold a public hearing on \_\_\_\_\_ at \_\_\_\_\_ in the Cass County Commissioner's Hearing Room, 200 Court Park, Logansport, Indiana, regarding the proposed alley vacation at \_\_\_\_\_. The following are the legal descriptions that run along such alley:

\_\_\_\_\_

The public is invited to comment on any of the matters herein noted, and all taxpayers, residents or interested parties who appear will be given a reasonable opportunity to express their views, both orally and in writing, on the proposed alley vacation.

For more information please call Cass County Commissioner's Office (574) 753-7770.

# COUNTY AND WALTON BUILDING PERMIT INFORMATION

## IMPROVEMENT LOCATION PERMITS

An Improvement Location Permit shall be obtained before any person may:

- occupy or use any land; or
- construct, reconstruct, move, alter, or enlarge any structure; or
- change the use of a structure or land to a different use; or
- change a non conforming use.

Improvement Location Permits are not required for the following:

- agriculture uses and structures; except for confined feeding operations;
- water management and use facilities;
- yard improvements listed in Section 306.04 of the Ordinance;
- land preparation activities

## STATE PERMITS

When is a state permit required?

- New commercial, industrial, or institutional development over 500 square feet
- New additions over 300 squarefeet
- Remodeling commercial, industrial, or institutional permits

*Note: Exemptions from Design Release Requirements from the State of Indiana are covered under General Administrative Rule 675IAC 12-6-4. If this rule applies you still are required to obtain a local permit.*

What is the process?

Submit your plans to the State Fire Prevention & Building Safety Plan Review (317-232-6422) for a State Design Release or [www.in.gov/ai/appfiles/dhs-drs](http://www.in.gov/ai/appfiles/dhs-drs) . Upon receiving an approval you may file for an Improvement Location Permit (ILP) and Building Permit.

*Note: Other documents such as driveway cuts and septic permits must be submitted before the Improvement Location Permit and Building Permit can be processed.*

## HOW LONG IS AN IMPROVEMENT LOCATION PERMIT AND BUILDING PERMIT VALID?

Improvement location permit and building permits shall become null and void one year from the date of issuance. If the work described in the Improvement Location Permit and Building Permit has not been substantially completed by the expiration of this time, no further work may proceed unless and until a new permit has been obtained.

## INSPECTIONS

After site plans have been approved and permits have been issued, construction can begin. The construction work will be inspected throughout the course of a project. The approved set of plans with comments should remain (on-site) available to inspectors at all times.

Note that before any construction occurs you must call before you dig 811 to locate any utility lines within the construction area. (2 day turn around)

A contractor should request that the Planning Department perform the proper inspection at the proper stage of work a final inspection is required.

When all inspections have been made and a final inspection has been completed, then a Certificate of Occupancy can be issued and the structure may be occupied.

**DEMOLITION SITE INSPECTIONS:** Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. (After structure(s) is down and site has been cleared)

**FOOTERS:** Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. [For Post & Beam/Pier (FOOTINGS); Basement footings (LOWER FOOTING); and/or crawl space wall or slab wall (UPPER FOOTING)

- A Grade stakes are required to be installed.

- B All water pumped out and scraped clean to solid ground.
- C Forms are to be complete and level.
- D Re-Bar installed, tied, and supported.
- E Tarps and insulation cover removed for inspection.
- F INSPECTION MUST BE APPROVED BEFORE YOU POUR.

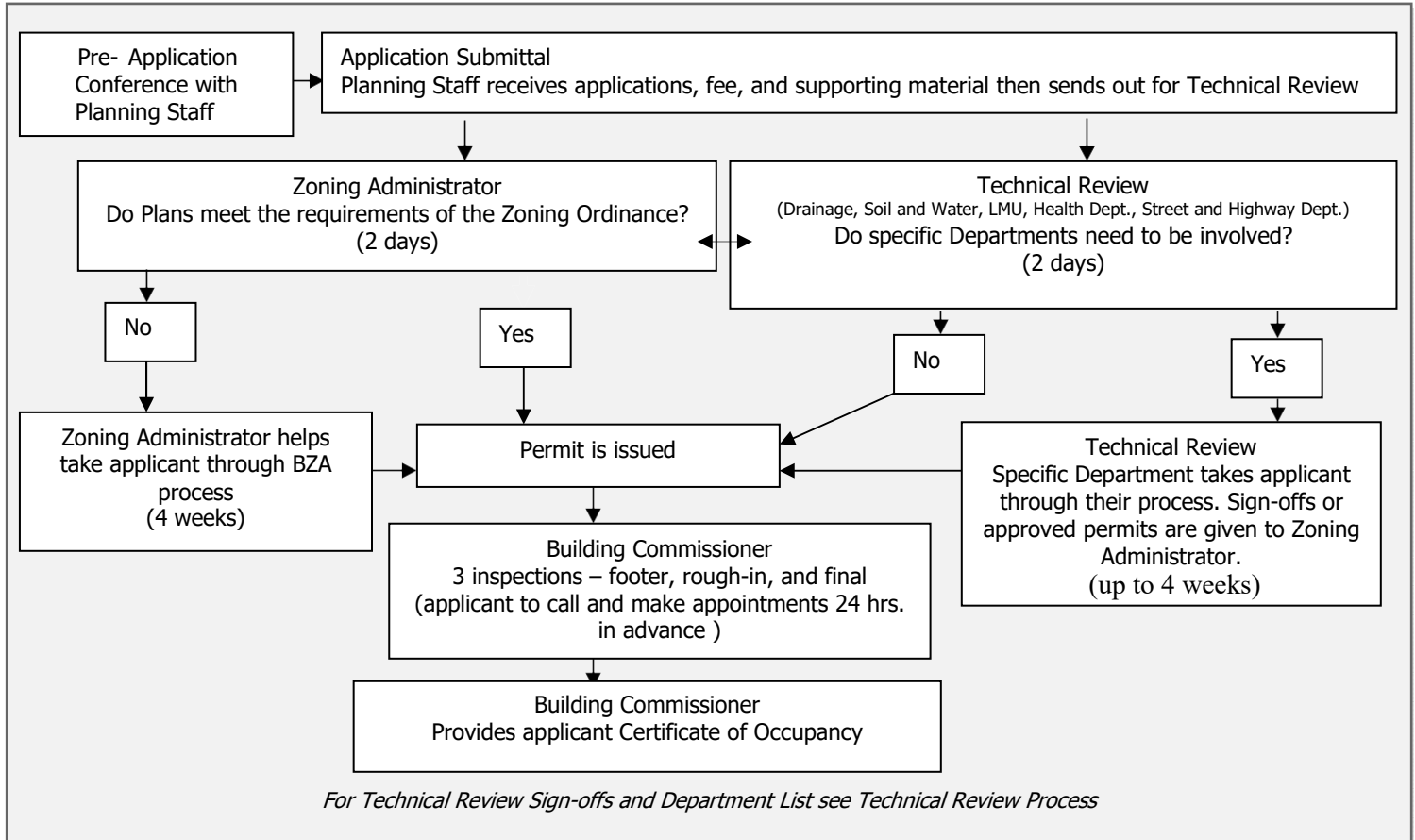
ROUGH-IN: Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date. (Framing, electrical, and plumbing)

Do NOT INSULATE prior to inspection and approval. Inspection is to be approved BEFORE insulation and coverings on any of the construction areas are installed.

- A Structure is to be WEATHER TIGHT: Windows and doors in, roofing, and shingles on.
- B All draft stops and fire blocking must be installed for this inspection.
- C Access to all areas must be provided.
- D All rough-in work completed.

FINAL INSPECTION: Schedule by calling (574) 753-7775 a minimum of 24 hours prior to request date when job is completely finished and prior to occupancy.

## COUNTY AND WALTON RESIDENTIAL PERMIT PROCESS



### Submittal Requirements

- Completed Application(s)
  - Improvement Location Permit Application
    - Site Plan: including dimensions of property lines, setbacks, existing structures, septic location (if applicable), easements (if known), etc
  - On-Site Sewage System Application (Septic Permit, if applicable)
  - Highway Department/INDOT Permit (curb cut/access)
  - Rule 5 (if disturbing more than 1 Acre, if applicable)
  - Development Plan Review Application
    - Floodplain Regulations
    - Riverfront Protection Overlay District
    - Airport Overlay District (no Walton)
    - Gateway Overlay District (no Walton)

# LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

*Please print in ink - Completed application will be processed within 48 hours*

*Site Plan is required - Incomplete application will not be processed*

Property Owner Information		* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD			
Name:		Phone #:			
Address:		Email:			
City:		State:		Zip Code:	
General Project Information					
Address of Improvement:				Township:	
Description of Project:				Owned ( ) Leased ( )	
Parcel #:					
Type of Use:      Commercial/Industrial ( )      Residential ( )      Agricultural ( )					
Dimensions of Improvement:      (L)      (W)      (H)      Size (Sq. Ft.):					
Setbacks:      Side:      Side:      Front:      Rear:					
Additional Project Information					
Estimated Cost:			Estimated Completion Date:		
Contractor's Name:			Phone #:		
Health Dept. permit #:		C.C. Curb Permit		LMU Permit	
Subdivision :      Foundation type      ( Circle one )      Slab /      Crawlspace /      Basement					
Mobile Home:      Make      Yr.		Serial #		State Form 7878	
The undersigned hereby certifies the following:					
1.) That all construction requested by this application will comply with all City, State and Federal regulations.					
2.) That the completed project will conform to the site plan and application presented or legal action may be taken.					
3.) That inspections are required before a Certificate of Occupancy may be issued.: Footer; Rough-In (if applicable); Final Please call 24 hours in advance					
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.					
5.) That all information in this application is true and accurate.					
<b>Signature of Applicant / Representative:</b>					
<b>Please Print Name:</b>				<b>Date</b>	
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____</b>					
TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF					
Zoning Class		Does the project conform to this zoning classification?		Yes      No	
Flood Zone		Elevation Certificate Required?		Yes      No	
Is a confined feed operation within 1320 feet?		Yes		No	
Within an Overlay District?		Airport      Downtown		Gateway      Riverfront      Grissom	
Approved:		Denied:		Date:      Signature:	
NOTES:					
Building Permit Fee:			ILP Permit Fee:		
Total Permit Fee:		ILP #:		Receipt #:	

## REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following information.

- 1) Property Lines
- 2) Existing buildings or structures on the site with approximate distances
- 3) Location and dimensions of the proposed improvement
- 4) Distance of the proposed improvement from all property lines
- 5) Adjacent streets or roads labeled.

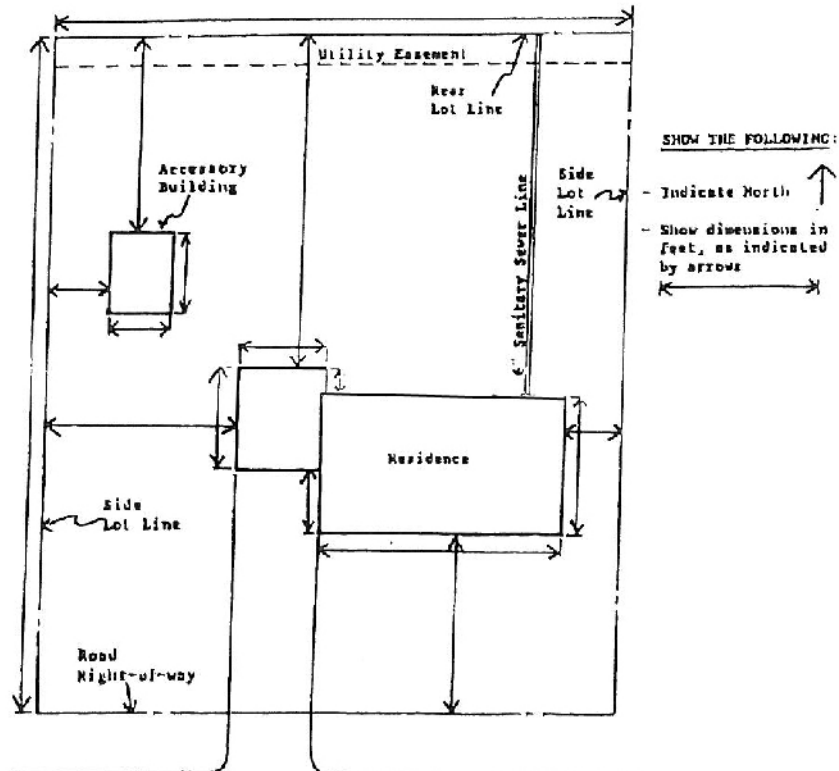
B) Commercial, Industrial, public or institutional buildings or additions to such a building shall be accompanied by complete construction drawings approved by the Department of Fire and Building Services.

C) The following inspections are necessary before a Certificate of Occupancy will be issued:

FOOTER: \_\_\_\_\_ Measure the holes before they are filled  
ROUGH IN: \_\_\_\_\_ Before the drywall is installed (if applicable)  
FINAL: \_\_\_\_\_ When project is completed

D) Inspections are to be scheduled at least 24 hours in advance.

## EXAMPLE OF A SITE PLAN





Permit No.: \_\_\_\_\_

Date Approved: \_\_\_\_\_, 20\_\_

**Highway Access Permit Application**

Type of Permit:

\_\_\_\_ Commercial    \_\_\_\_ Subdivision    \_\_\_\_ Private Drive    \_\_\_\_ Other

Today's Date: \_\_\_\_\_, 20\_\_

Driveway Location: (Nearest intersection or landmark and distance)

Physical Address - if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing Use of Parcel: (agricultural, residential, vacant, etc...)

Proposed Use of Parcel: (gas station, subdivision, residential, etc...)

**NOTE:**

**Sketches or plans must be attached as required by Cass County Ordinance 00-06, the Highway Access and Road Cut Ordinance. (Please note that the requirements for a private drive are different than those for industrial, commercial, and subdivisions.)**

**ATTACHED: Yes No**

Application Fee: \$ \_\_\_\_\_

Private Drive	\$ 10.00
Commercial, Industrial Drives	\$ 25.00
Subdivision Entrance	\$ 50.00

*If this application is granted, the applicant hereby agrees to place the portion of the highway or the part adjacent thereto in as good condition as it is now, and to backfill any trench or opening by thoroughly tamping the backfilling in layers not exceeding four inches deep. And to maintain the surface that has been disturbed in a smooth and uniform condition for a period of six months after the work is completed, unless ground conditions require a longer period of maintenance.*

*The applicant further agrees to indemnify the County of Cass against any claims for injury or damage to the persons or property. The applicant also agrees to notify the Cass County Highway Department at least 72 hours prior to the time beginning the work done under this permit.*

*Please return application to:*

*Cass County Highway Department  
1251 N. St. Rd. 17 N.  
Logansport, IN 46947*

\_\_\_\_\_  
Permit Applicant (Please print)

\_\_\_\_\_  
Permit Applicant Signature

\_\_\_\_\_  
Name of Company or Organization (if other than applicant)

\_\_\_\_\_  
Post Office Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip

For Official Use Only

PERMISSION GRANTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway Culvert Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Cass County Highway Crew Supervisor or;
_____ Cass County Highway Superintendent

**The following must be completed.**

If required, I, \_\_\_\_\_, agree to install a \_\_\_ inch culvert or larger under the requested driveway within 30 calendar days of construction completion to the property.

\_\_\_\_\_  
Permit Applicant Signature



# DRIVEWAY PERMIT

State Form 1945 (R6 / 3-00)

Approved by State Board of Accounts, 2000

## STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

Type of Permit:			
<input checked="" type="checkbox"/> Private Driveway Class	<input type="checkbox"/> Minor Commercial Driveway Class	<input type="checkbox"/> Sub-minor Commercial Driveway Class	<input type="checkbox"/> Major Commercial Driveway Class
District	Subdistrict	Subdistrict telephone number (      )	
Driveway location:			
			Reference pt. number
<input checked="" type="checkbox"/> Legal description of Parcel is attached <i>(All driveway applications)</i>			
<input type="checkbox"/> 20 year Certified Title Search or Title Insurance is attached <i>(All commercial driveway applications)</i>			
Present use of Parcel(s):			
Proposed use of Parcel(s) including adjacent Parcels owned and / or controlled by applicant:			
Bond required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Penal Sum \$      Bond number			
APPLICATION FEE: <i>(Make check or bank draft payable to "Indiana Department of Transportation")</i>			1\$
SPECIAL PROVISIONS:			
THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONABLE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HERewith IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.			
Signature of permit applicant		Printed name of permit applicant	
Name of company or organization		1 Telephone number (      )	
Address <i>(number and street, city, state, ZIP code)</i>			
Inspector			
District Regulatory Supervisor			
District Director			

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**INDIANA DEPARTMENT OF TRANSPORTATION  
LaPorte District Permit Section  
Permit Bond Information**



*In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).*

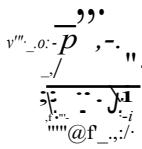
Name of Insurance Company: _____
Contact Person: _____
Office Address: _____
City: _____ State: _____ Zipcode: _____
Telephone Number: _____

*Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above.*

**FOR OFFICE USE ONLY**

Permit Number: _____
Bond Number: _____

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at  
(219) 362-6125



PERMIT BOND

State Form 41523 (R4 / 3-00)

Approved by State Board of Accounts, 2000

Driveway     Excavation     Pole Line     Bridge Attachment     Misc.

Know all men by these presents that we, the Undersigned \_\_\_\_\_ (address) \_\_\_\_\_ as Principal and \_\_\_\_\_ (address) \_\_\_\_\_ as Surety, are hereby held and firmly bound unto the State of Indiana in the penal sum of \_\_\_\_\_, for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns:

DATED THIS \_\_\_\_\_

The conditions of the above obligation are such that, whereas, the above named \_\_\_\_\_ did on \_\_\_\_\_ make application for a permit with the State of Indiana for: \_\_\_\_\_

which permit is made a part of this bond the same as though set forth herein.

Now, if said \_\_\_\_\_ (Principal - Applicant) shall well and faithfully do and perform the things agreed by the \_\_\_\_\_ (Principal - Applicant) to be done and performed according to the terms of said permit and to the satisfaction of the Indiana Department of Transportation, and shall pay all lawful claims of the contractor, vendors and laborers for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of said pemnit, (on file with the Department of Transportation), then this obligation shall be void, otherwise the same shall remain in full force and effect, it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder except as provided below shall in no event exceed the penal sum of this obligation as herein stated. In event of noncompliance the surety shall be liable for the court costs and attorney fees spent in the collection of this bond over and above the peral sumof this obligation.

IN WITNESS WHEREOF, we hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**Surety** \_\_\_\_\_ **Principal** \_\_\_\_\_  
(Attach Power of Attorney)

State of \_\_\_\_\_, County of \_\_\_\_\_ ss:  
Personally appeared before me, \_\_\_\_\_ as Principal and \_\_\_\_\_ as Surety and each acknowledged the execution of the above bond this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness my hand and \_\_\_\_\_ seal the said last named date.

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_  
Notary Pubic (Written Signature)

I reside in \_\_\_\_\_ County, \_\_\_\_\_ (State) \_\_\_\_\_  
Notary Pubic (Printed or Typed Name)

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Bond number \_\_\_\_\_

**NOTICE OF TERMINATION OF LIABILITY**

COMPLIED     CANCELED    \_\_\_\_\_, 20 \_\_\_\_  
DATE

Submit all 5 copies By: \_\_\_\_\_  
PERMIT MANAGER

## **SECTION 31 : DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS**

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail :

1. Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
3. Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
4. Existing drainage patterns (including existing contours) and structures, including size and kind.
5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
7. Width dimensions of highway right-of-way.
8. Width and type of highway pavement.
9. Highway right-of-way and property lines.
10. Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
13. Proposed treatment of right-of-way area adjacent to and between approaches.
14. Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
15. A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

***Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)***

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:

Date Registration Filed: \_\_\_\_\_

## **Contractor's Registration Application (Ordinance # 2013-14)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with Ordinance # 2013-14.

**Contractor's/Sub-Contractor's Name:**

---

**Legal Business Status / Nature of Business:**

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**Address:**

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---

**Telephone Number:**

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A person, partnership, or corporation shall be entitled to receive a "Contractor Registration" as a contractor in the County of Cass if the following requirements are met:

(A) This application been submitted with the following:

1. The "Registration" fee of \$50 for General Contractors and \$25 for Sub-Contractors;
2. The contractor provides proof of insurance for: \$1,000,000.00 (One Million Dollars), for any occurrence relative to which there is an injury or death to one or more persons; and \$500,000 (five hundred thousand dollars) for any occurrence relative to which there is damage to property.

(B) The person, partnership, or corporation has not had a "Contractor Registration" issued under Ordinance # 2014-13 suspended or revoked within one year of the application date; and

(C) The partnership has not had a partner or the corporation has not had an officer who has had a "Contractor Registration" issued under Ordinance # 2013-14 suspended or revoked within one year of the permit application date.

The "Contractor Registration" is non-transferable and maybe good for up to a one (1) year period. Initial "Registrations" may occur throughout the year, but renewals will be due January 1 of each year following initial "Registration".

The County of Cass Board of Commissioners may suspend the "Registered Contractor" issued under Ordinance # 2013-14 to any person, partnership, or corporation if they meet one of the entries under Section 6 of the Ordinance.

By my signature, I acknowledge the above information and attached insurance, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_

## **Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities**

### **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (1) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

### **Step by Step Process for Compliance with 327 IAC 15-5**

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

#### **Step 1:**

**Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.**

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique and therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "Indiana Storm Water Quality Manual" is available on-line at <http://www.in.gov/idem/4899.htm>.

#### **Step 2;**

**Submit the Construction Plan to the plan reviewing authority. In most situations, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.**

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a



notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice of Intent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one of these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <http://www.in.gov/idem/5429.htm>.

**Step 3:**

**Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.**

**Step 4:**

**Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation of land disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.**

A separate Notice of Intent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice of Intent letter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

**Step 5:**

**Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.**

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice of Intent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Step 6:**

**Implement the approved Construction Plan throughout the life of the project.**

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storm water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

**Step 7 :**

**Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),**

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

**Agency Information**

- Storm Water Program Website:

**<http://www.IN.gov/idem/4896.htm>**



# RULE 5 - NOTICE OF INTENT (NOI)

Slare Form 47487 (R5 / 10-05)  
Indiana Department of Environmental Management  
Office of Water Quality  
Approved by State Board of Accounts, 2005

Type of Submittal (Check Appropriate Box): <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Renewal
Permit Number:
<i>(Note: The initial submittal does not require a permit number; the Department will assign a number. A permit number is required when filing an amendment, applying for renewal, or correspondence related to this permit.)</i>

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construction Activity. Permitted project site owners are required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

Project Name and Location				
Project Name:	County:			
Brief Description of Project Location:				
Project Location: Describe location in Latitude and Longitude (Degrees, Minutes, and Seconds or Decimal representation) <u>and</u> by legal description (Section, Township, and Range, Civil Township)				
Latitude:	Longitude:			
Quarter:	Section:	Township:	Range:	Civil Township:
Does <input type="checkbox"/> all or <input type="checkbox"/> part of this project lie within the jurisdictional boundaries of a Municipal Separate Storm Sewer System (MS4) as defined in 327 IAC 15-13? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name the MS4(s):				

### Project Site Owner and Project Contact Information

Company Name (If Applicable):		
Project Site Owner's Name: (An Individual)	Title/Position:	
Address:		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)
Ownership Status (check one): Governmental Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Local    Non-Governmental: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other: (Explain)		
Contact Person:	Company Name: (If Applicable)	
Affiliation to Project Site Owner:		
Address: (if different from above)		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)

### Project Information

Project Description: <input checked="" type="checkbox"/> Residential-Single Family <input type="checkbox"/> Residential-Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: (Explain)
Name of Receiving Water:  <i>(Note: If applicable, name of municipal operator of storm sewer and the ultimate receiving water. If a retention pond is present on the property, the name of the nearest possible receiving water receiving discharge must be provided).</i>
Project Acreage: Total Acreage:                      Proposed Land Disturbance: (in acres) Total Impervious Surface Area: (in square feet, estimated for completed project)
Project Duration: Estimated Start Date:                      Estimated End Date for all Land Disturbing Activity:

(Continued on Reverse Side)

Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construction Plan meet the requirements of 327 IAC 15-5-6.5, 327 IAC 15-5-7, and 327 IAC 15-5-7.5;
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of the Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication **Must** include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged. Following is a sample Proof of Publication:

*XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of our intent to comply with the requirements of 327 IAC 15-5 to discharge storm water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Runoff from the project site will discharge to the White River. Questions or comments regarding this project should be directed to Walter Water of XERT Development Inc."*

- D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOI submittals (initial and renewal). A fee is not required for amendments.

Project Site Owner Responsibility Statement

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisions of 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

Printed Name of Project Owner: \_\_\_\_\_

Signature of Project Owner: \_\_\_\_\_ Date: \_\_\_\_\_

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(9). All NOI submittals must include an original signature (FAX and photocopies are not acceptable).

*Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.*

*Note: A permit issued under 327 IAC 15-5 is granted by the commissioner for a period of five (5) years from the date coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for construction activity continuation, a new Notice of Intent Letter (Renewal) is required to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOI Letter, Proof of Publication Fee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original submittal).*

Mail this form to: Indiana Department of Environmental Management  
Cashiers Office • Mail Code 50-10C  
100 North Senate Avenue  
Indianapolis, IN 46204-2251

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intent letter be submitted to the local Soil and Water Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questions regarding the development or implementation of the Construction Plan/Storm Water Pollution Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.  
For information and forms visit: [http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule\\_5.html](http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule_5.html)

**RULE 5- NOTICE OF TERMINATION (NOT)**

State Form 51514 (R2/4-10)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 OFFICE OF WATER QUALITY

For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Department of Environmental Management  
 Storm Water, Permits Coordinator  
 100 North Senate Avenue  
 MC 65-42, Room 1255  
 Indianapolis, Indiana 46204-2251  
 Telephone (317) 233-1864 or  
 (800) 451-6027 (within Indiana), ext. 31864  
 Web Access: <http://www.IN.gov/idem/4902.htm>

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the requirements and conditions of the General Permit Rule 327 IAC 15-5 (Rule 5, S/01111 Water Discharges Associated with Construction Activity) for termination of permit coverage under the National Pollutant Discharge Elimination System (NPDES).

**PROJECT NAME AND LOCATION****Permit number**

(Note: Permit numbers were assigned to projects beginning in November of 2003. Therefore, a permit number is only applicable for those projects that began or were renewed on or after November of 2003).

Project name

County

(Note: Provide the project name as it appears on the active "Notice of Intent")

Company name

Project site owner's name (an individual)

Address (number and street)

City

State

ZIP code

Telephone

FAX

E-mail address (if available)

**THIS "NOTICE OF TERMINATION" IS BEING SUBMITTED FOR THE FOLLOWING**

To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include:

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of construction activities (327 IAC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination" by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

**D Option # 1 Certification for change of ownership**

This option does not apply to the sale of individual lots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

By signing this "Notice of Termination" I certify the following:

- A. The project was sold; I am no longer the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (If applicable)

Project site owner's name (An individual)

Address (number and street)

City

State

ZIP code

Telephone number

FAX

E-mail Address (If available)

- B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent":

**D Option# 2 Certification for termination of construction activities**

By signing this "Notice of Termination" I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at the project site.

(Continued on reverse side)

**D Option # 3 "Notice of Termination" to obtain early release from compliance with 327 IAC 15-5**

By signing this "Notice of Termination," I certify the following:

- A. The remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

**PROJECT SITE OWNER RESPONSIBILITY STATEMENT**

By signing this "Notice of Termination" letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of project site owner \_\_\_\_\_

Signature of project site owner \_\_\_\_\_ Date \_\_\_\_\_

*This "Notice of Termination" must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(g).*

**SUBMITTAL OF THE "NOTICE OF TERMINATION"**

*Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Water Conservation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwater pollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at:*

**Indiana Department of Environmental Management  
Storm Water Permits Coordinator  
100 North Senate Avenue  
Mail Code 65-42, Room 1255  
Indianapolis, IN 46204-2251**

Additional considerations

*It is not required by 327 IAC 15-5 that the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.*

*If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination will be reviewed for concurrence and either returned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.*

**FOR AGENCY USE ONLY (FIELD VERIFICATION OF TERMINATION)**

The SWCD, an MS4 entity, or the Indiana Department of Environmental Management may inspect the project site to evaluate the adequacy of the remaining stormwater quality measures and compliance with the Notice of Termination (NOT) requirements. If the inspecting entity finds that the project site owner has met the requirements of 327 IAC 15-5, the entity may elect to sign off on the project. It is the responsibility of the project site owner to file the NOT with the Indiana Department of Environmental Management.

**O Accepted** The site referenced above has been inspected and it has been determined that the request to terminate this project is compliant with the requirements of 327 IAC 15-5. This form must be submitted to the IDEM for final processing.

**D Denied** The site referenced above has been inspected and it has been determined that the request to terminate this project is not compliant with the requirements of 327 IAC 15-5. Continue to implement the Storm Water Pollution Prevention Plan and take appropriate measures to minimize the discharge of pollutants.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Agency \_\_\_\_\_

Date (month, day, year) \_\_\_\_\_

## **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

### **Option 1**

#### **Change in Ownership:**

- D** A project is sold to another party and meets the following conditions.
- A request to terminate does not apply to the sale of individual lots within the permitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

### **Option 2**

#### **Certification for Termination of Construction Activity (*All conditions below must be met to qualify for termination*):**

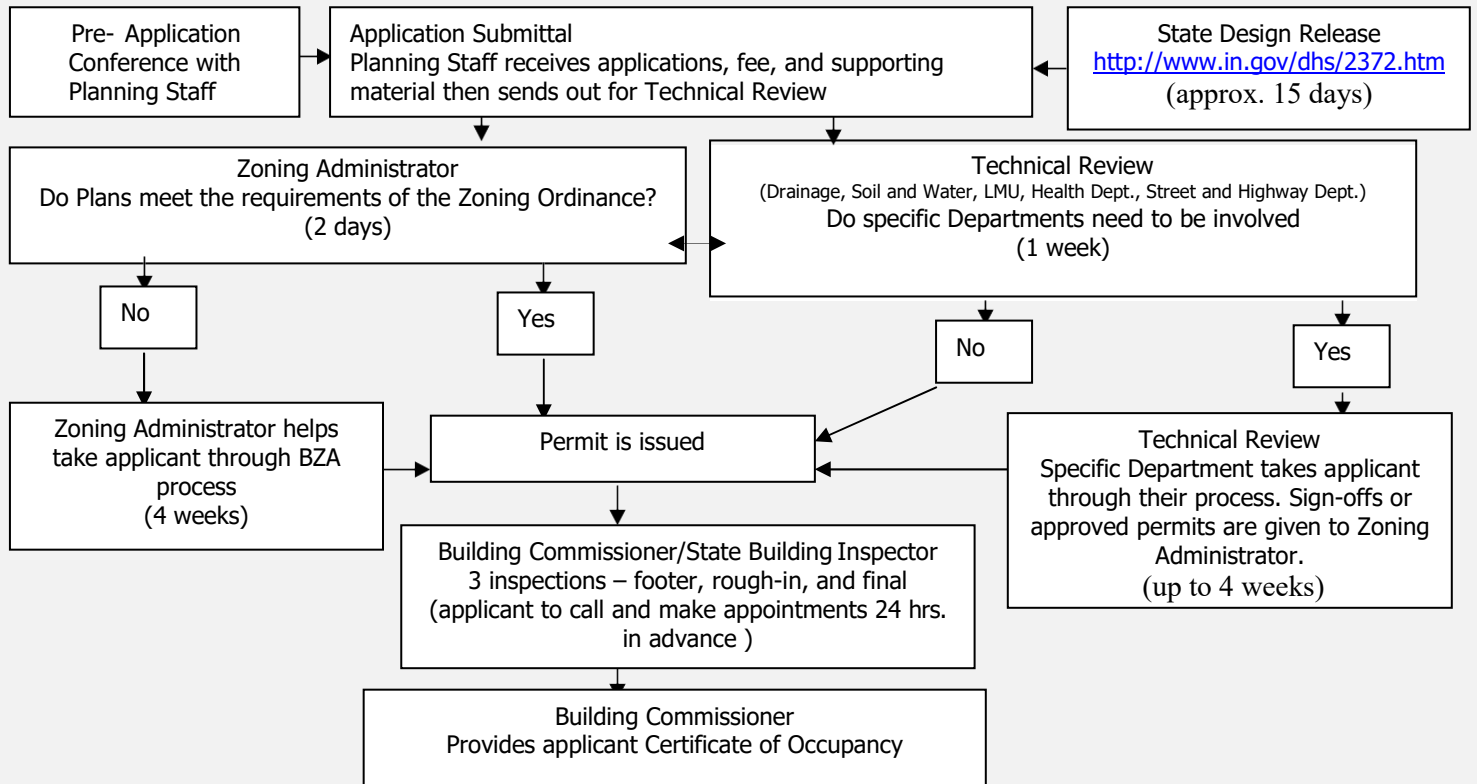
- O** All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (*Field Assessment*).  
*Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.*
- D** No future land disturbing activities are planned for the site (*Field Assessment*).  
*Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.*
- O** All temporary erosion and sediment control measures have been removed (*Field Assessment*).

### **Option 3**

#### **Early Release (*All conditions below must be met to qualify for termination*):**

- D** Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (*Field Assessment*).
- D** Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D** All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D** The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (*Field Assessment*).
- D** All permanent storm water quality measures have been implemented and are operational (*Field Assessment*).

## COUNTY AND WALTON COMMERCIAL AND INDUSTRIAL PERMIT PROCESS



*For Technical Review Sign-offs and Department List see Technical Review Process*

### Submittal Requirements

- Improvement Location Permit Application
  - Site Plan
  - Paving Plan
  - Drainage Plan
  - Landscape Plan/Buffer Plan
  - Lighting Plan
  - Floor Plans of All Proposed Buildings
  - Elevations of All Proposed Buildings
  - Proposed Sign (location & size)
  - Construction Drawings
  
- Development Plan Review Application
  - Floodplain Regulations
  - Riverfront Protection Overlay District
  - Airport Overlay District
  - Gateway Overlay District
  
- Health Department Permits (Restaurant, Septic)
  
- Street Department/Highway Department/INDOT Permit (curb cut/access)
  
- Rule 5 (Disturbing more than 1 Acre)
  
- State Design Release



# LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

*Please print in ink - Completed application will be processed within 48 hours*

*Site Plan is required - Incomplete application will not be processed*

Property Owner Information		* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD			
Name:		Phone #:			
Address:		Email:			
City:		State:		Zip Code:	
General Project Information					
Address of Improvement:			Township:		
Description of Project:					Owned ( ) Leased ( )
Parcel #:					
Type of Use:      Commercial/Industrial ( )      Residential ( )      Agricultural ( )					
Dimensions of Improvement:      (L)      (W)      (H)      Size (Sq. Ft.):					
Setbacks:      Side:      Side:      Front:      Rear:					
Additional Project Information					
Estimated Cost:			Estimated Completion Date:		
Contractor's Name:			Phone #:		
Health Dept. permit #:		C.C. Curb Permit		LMU Permit	
Subdivision :      Foundation type      ( Circle one )      Slab /      Crawlspace /      Basement					
Mobile Home:      Make      Yr.		Serial #		State Form 7878	
The undersigned hereby certifies the following:					
1.) That all construction requested by this application will comply with all City, State and Federal regulations.					
2.) That the completed project will conform to the site plan and application presented or legal action may be taken.					
3.) That inspections are required before a Certificate of Occupancy may be issued.: Footer; Rough-In (if applicable); Final Please call 24 hours in advance					
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.					
5.) That all information in this application is true and accurate.					
<b>Signature of Applicant / Representative:</b>					
<b>Please Print Name:</b>				<b>Date</b>	
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____</b>					
TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF					
Zoning Class		Does the project conform to this zoning classification?		Yes      No	
Flood Zone		Elevation Certificate Required?		Yes      No	
Is a confined feed operation within 1320 feet?		Yes		No	
Within an Overlay District?		Airport      Downtown		Gateway      Riverfront      Grissom	
Approved:		Denied:		Date:      Signature:	
NOTES:					
Building Permit Fee:			ILP Permit Fee:		
Total Permit Fee:		ILP #:		Receipt #:	

## REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following information.

- 1) Property Lines
- 2) Existing buildings or structures on the site with approximate distances
- 3) Location and dimensions of the proposed improvement
- 4) Distance of the proposed improvement from all property lines
- 5) Adjacent streets or roads labeled.

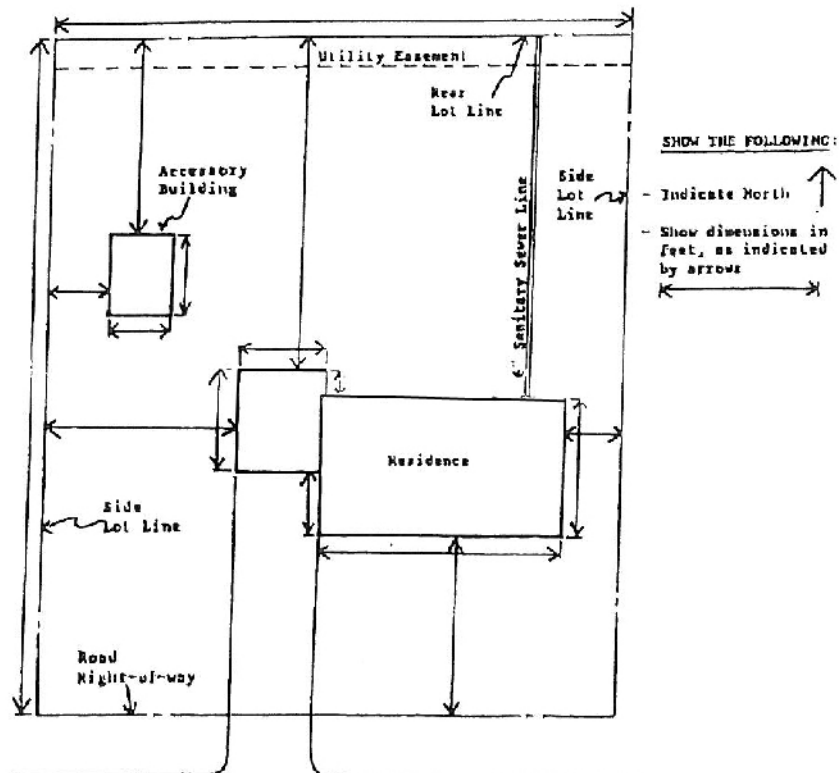
B) Commercial, Industrial, public or institutional buildings or additions to such a building shall be accompanied by complete construction drawings approved by the Department of Fire and Building Services.

C) The following inspections are necessary before a Certificate of Occupancy will be issued:

FOOTER: \_\_\_\_\_ Measure the holes before they are filled  
ROUGH IN: \_\_\_\_\_ Before the drywall is installed (if applicable)  
FINAL: \_\_\_\_\_ When project is completed

D) Inspections are to be scheduled at least 24 hours in advance.

## EXAMPLE OF A SITE PLAN





**APPLICATION FOR CONSTRUCTION  
DESIGN RELEASE**

**STANDARD** /  **PARTIAL**  
 **FOUNDATION REQUEST**

State Form 37318 (R13 / 8-99)  
Approved by State Board Of Accounts 1999

Return to: INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES  
PLAN REVIEW DIVISION  
OFFICE OF THE STATE BUILDING COMMISSIONER  
INDIANA GOVERNMENT CENTER SOUTH  
402 W WASHINGTON ST RM E245  
INDIANAPOLIS IN 46204-2739  
www.in.gov/sema/osbc/plan/index.html

**PLEASE PRINT CLEARLY**

**PROJECT LOCATION (Must Be Complete and Accurate)**

Name of Project		Closest intersecting street or road	
Address (site location, number and street)		Suite or Floor	Direction FROM intersection TO project π North π South π East π West
City	County	Is project within city limits? π Yes π No	Is building State owned π Yes π No

**OWNER'S CERTIFICATE (Must Be Executed)**

As owner of the project for which this application is being filed, I hereby certify:

- The description of use and information contained on this application are correct;
- The project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission;
- Any changes to the released documents will be filed with the Office of the State Building Commissioner.

Authorized signature		Name of owner or business	
Name (typed or printed)		Address (number, street, PO Box if applicable)	
Title		City, State, Zip Code	
Telephone Number:	Fax Number:	E-Mail:	Facility use:

I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the **Foundation Requested** building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Fire and Building Services.

**DESIGN PROFESSIONAL CERTIFICATE**

(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)

As the design professional for the project for which this application and plans are being filed, I hereby certify:

- I am qualified and competent to design such buildings, structures, and systems;
- the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
- the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application;
- the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
- I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Responsibility is for the following systems:    π Site            π Foundation            π Structural            π Architectural            π Mechanical

π Plumbing            π Electrical            π Fire Suppression            π All Above            π Other (specify) \_\_\_\_\_

Signature		Name of firm (if applicable)	
Name (typed or printed)		Address (number, street, PO Box if applicable)	
Indiana Registration Number:	π Architect π Engineer	City, State, Zip Code	
Telephone Number:	E-Mail:	Fax Number:	
Designated Inspecting Design Professional:	Indiana Registration Number:	Telephone Number:	

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL

**IF MULTIPLE DESIGN PROFESSIONALS ARE INVOLVED IN THE CERTIFICATION PROCESS, SUBMIT AN ADDITIONAL PAGE 1 WITH THE APPROPRIATE INFORMATION.**

**PROJECT DATA**

(to be completed by submitter) Please answer all pertinent questions

**FOR OFFICE USE ONLY**

SBC project number

Filing date

**DOCUMENTS REQUIRED FOR FILING**

1. One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
2. One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Office of the State Building Commissioner shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
  - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
  - B. Foundation and basement plans and details.
  - C. Dimensioned floor plans for all floors.
  - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exists.
  - E. Wall elevations of all exterior walls including adjacent ground elevation.
  - F. Sections and details of walls, floors and roof, showing dimensions, materials.
  - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
  - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
  - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - J. Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
  - K. Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
  - L. Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
  - M. Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

**PROJECT DESCRIPTION (Must Be Complete)****FLOOR AREAS****ESTIMATED COSTS**

Scope of work: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (if applicable) Sq. ft.	
Is this construction the result of fire or Natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer : <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (if applicable) Sq. ft.	Addition (if applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Detailed suppression system plans/specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (if applicable) Sq. ft.	Remodeling (if applicable) \$
If partial, specify where*	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input type="checkbox"/> No	Total building area square feet	Total project cost \$
Building construction type and occupancy classification	Building height (stories)*	Number of buildings this submittal (Describe if necessary)*	Volume cubic feet (Fee category E only)
Indiana rehabilitation standard (Rule 8) used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of conversion rule (Rule 13) proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does project include: (Check if yes) <input type="checkbox"/> Elevator or lift	<input type="checkbox"/> Combustible fibers storage	<input type="checkbox"/> Fireworks storage	<input type="checkbox"/> Explosives storage
<input type="checkbox"/> High-piled storage	<input type="checkbox"/> Boiler or pressure vessel	<input type="checkbox"/> Hazardous or flammable materials storage	
Describe proposed use of facility IN DETAIL including types of flammable or combustible materials stored or handled *			
Describe IN DETAIL previous or current use of facility (if existing facility)*			
			Number of persons employed (max/shift)
General comments*			Number of persons (public)

**GENERAL INFORMATION**

Has work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What year and month?	Previous SBC Project Number	Name of Manufacturer	Master Plan / Modular Number
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has notice of violation or investigation been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, probable construction starting date?

\*NOTE: USE SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.



# APPLICATION FOR CONSTRUCTION PERMIT

State Form 50098 (R6 / 4-20)  
INDIANA STATE DEPARTMENT OF HEALTH  
Environmental Public Health Division

DATE RECEIVED

(month, day, year)

RECEIPT NUMBER

PROJECT NUMBER

- INSTRUCTIONS:
1. Send check or money order along with plans to:  
Indiana State Department of Health  
Attention: Environmental Public Health  
100 North Senate Avenue, Room N855  
Indianapolis, IN 46204
  2. Direct questions to (317) 233-7177.

## FAX COPIES OF APPLICATIONS WILL NOT BE ACCEPTED.

<p>1. OWNER</p> <p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>E-mail</p>	<p>5. The Following Documents are Attached: (CHECK WHERE APPLICABLE.)</p> <p>A. Location Map <input type="checkbox"/></p> <p>B. Plans and Specifications certified by Architect or Engineer <input type="checkbox"/></p> <p>C. Documents Required by 410 IAC 6-10 (1) Report of Soil Survey Conducted by a Soil Scientist - <input type="checkbox"/> Applicable if soil Report Not Already Submitted (2) Wastewater Characteristics and Flow Calculations</p> <p>D. <b>Fees Required</b> by 410 IAC 6-12-17 <input type="checkbox"/> (See other side.)</p>
<p>2. OWNER'S DESIGNATED AGENT</p> <p>Name</p> <p>Title</p> <p>Address</p> <p>Telephone Number</p> <p>E-mail</p>	<p>6. SIGNATURE</p> <p>Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date of Application (month, day, year)</p>
<p>3. FACILITY (TYPE OF PROJECT)</p> <p>Name</p> <p>Address</p> <p>City</p> <p>County</p>	
<p>4. ENGINEER/ARCHITECT</p> <p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>License Number</p> <p>E-mail</p>	

## INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

1. Owner  
Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of any water pollution control facility.
2. Authorized Agent  
Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project  
State its name, location, and nearest possible address.
4. Name of Engineer / Architect  
Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the squares indicating name of documents attached to Application. All documents are required except where inapplicable.
  - A. A USGS topographic map or a county highway map with the exact site indicated.
  - B. Plans and specifications shall be prepared, certified and sealed by an individual qualified under applicable laws of the State of Indiana.
  - C. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
  - D. **Fees required** by 410 IAC 6-12-17

<b>Commercial on-site</b>	<b>\$200</b>
<b>Community Wastewater Disposal Facility</b>	<b>\$700</b>
<b>Mobile Home Community or Mobile Home Community Addition</b>	<b>\$300</b>
6. Signature  
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.

Permit No.: \_\_\_\_\_

Date Approved: \_\_\_\_\_, 20\_\_

### **Highway Access Permit Application**

Type of Permit:

\_\_\_\_\_ Commercial    \_\_\_\_\_ Subdivision    \_\_\_\_\_ Private Drive    \_\_\_\_\_ Other

Today's Date: \_\_\_\_\_, 20\_\_

Driveway Location: (Nearest intersection or landmark and distance)

---

Physical Address - if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing Use of Parcel: (agricultural, residential, vacant, etc...)

---

Proposed Use of Parcel: (gas station, subdivision, residential, etc...)

---

### **NOTE:**

**Sketches or plans must be attached as required by Cass County Ordinance 00-06, the Highway Access and Road Cut Ordinance. (Please note that the requirements for a private drive are different than those for industrial, commercial, and subdivisions.)**

**ATTACHED: Yes No**

Application Fee: \$ \_\_\_\_\_

Private Drive	\$ 10.00
Commercial, Industrial Drives	\$ 25.00
Subdivision Entrance	\$ 50.00

*If this application is granted, the applicant hereby agrees to place the portion of the highway or the part adjacent thereto in as good condition as it is now, and to backfill any trench or opening by thoroughly tamping the backfilling in layers not exceeding four inches deep. And to maintain the surface that has been disturbed in a smooth and uniform condition for a period of six months after the work is completed, unless ground conditions require a longer period of maintenance.*

*The applicant further agrees to indemnify the County of Cass against any claims for injury or damage to the persons or property. The applicant also agrees to notify the Cass County Highway Department at least 72 hours prior to the time beginning the work done under this permit.*

*Please return application to:*

*Cass County Highway Department  
1251 N. St. Rd. 17 N.  
Logansport, IN 46947*

\_\_\_\_\_  
Permit Applicant (Please print)

\_\_\_\_\_  
Permit Applicant Signature

\_\_\_\_\_  
Name of Company or Organization (if other than applicant)

\_\_\_\_\_  
Post Office Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip

For Official Use Only

PERMISSION GRANTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway Culvert Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Cass County Highway Crew Supervisor or;
_____ Cass County Highway Superintendent

**The following must be completed.**

If required, I, \_\_\_\_\_, agree to install a \_\_\_ inch culvert or larger under the requested driveway within 30 calendar days of construction completion to the property.

\_\_\_\_\_  
Permit Applicant Signature





# DRIVEWAY PERMIT

State Form 1945 (R6 / 3-00)

Approved by State Board of Accounts, 2000

## STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

Type of Permit:			
<input checked="" type="checkbox"/> Private Driveway Class	<input type="checkbox"/> Minor Commercial Driveway Class	<input type="checkbox"/> Sub-minor Commercial Driveway Class	<input type="checkbox"/> Major Commercial Driveway Class
District	Subdistrict	Subdistrict telephone number (      )	
Driveway location:			
			Reference pt. number
<input checked="" type="checkbox"/> Legal description of Parcel is attached <i>(All driveway applications)</i>			
<input type="checkbox"/> 20 year Certified Title Search or Title Insurance is attached <i>(All commercial driveway applications)</i>			
Present use of Parcel(s):			
Proposed use of Parcel(s) including adjacent Parcels owned and / or controlled by applicant:			
Bond required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Penal Sum \$      Bond number			
APPLICATION FEE: <i>(Make check or bank draft payable to "Indiana Department of Transportation")</i>			1\$
SPECIAL PROVISIONS:			
THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONABLE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HERewith IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.			
Signature of permit applicant		Printed name of permit applicant	
Name of company or organization		1 Telephone number (      )	
Address <i>(number and street, city, state, ZIP code)</i>			
Inspector			
District Regulatory Supervisor			
District Director			

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**INDIANA DEPARTMENT OF TRANSPORTATION  
LaPorte District Permit Section  
Permit Bond Information**



*In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).*

Name of Insurance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

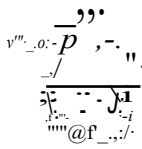
*Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above.*

**FOR OFFICE USE ONLY**

Permit Number: \_\_\_\_\_

Bond Number: \_\_\_\_\_

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at  
(219) 362-6125



PERMIT BOND

State Form 41523 (R4 / 3-00)

Approved by State Board of Accounts, 2000

Driveway     Excavation     Pole Line     Bridge Attachment     Misc.

Know all men by these presents that we, the Undersigned \_\_\_\_\_  
 (address) \_\_\_\_\_ as Principal and  
 \_\_\_\_\_  
 (address) \_\_\_\_\_ as Surety, are  
 hereby held and firmly bound unto the State of Indiana in the penal sum of \_\_\_\_\_,  
 for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns:

DATED THIS \_\_\_\_\_

The conditions of the above obligation are such that, whereas, the above named \_\_\_\_\_  
 did on \_\_\_\_\_ make application for a permit with the State of Indiana for:  
 \_\_\_\_\_

which permit is made a part of this bond the same as though set forth herein.

Now, if said \_\_\_\_\_ (Principal - Applicant) shall well and faithfully do  
 and perform the things agreed by the \_\_\_\_\_ (Principal - Applicant)  
 to be done and performed according to the terms of said permit and to the satisfaction of the Indiana Department of Transportation, and shall pay all lawful claims of the contractor, vendors and laborers for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of said pemnit, (on file with the Department of Transportation), then this obligation shall be void, otherwise the same shall remain in full force and effect, it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder except as provided below shall in no event exceed the penal sum of this obligation as herein stated. In event of noncompliance the surety shall be liable for the court costs and attorney fees spent in the collection of this bond over and above the peral sumof this obligation.

IN WITNESS WHEREOF, we hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Surety  
 (Attach Power of Attorney)

\_\_\_\_\_  
 Principal

State of \_\_\_\_\_, County of \_\_\_\_\_ ss:  
 Personally appeared before me,  
 \_\_\_\_\_  
 as Principal and \_\_\_\_\_  
 \_\_\_\_\_  
 as Surety and each acknowledged the execution of the above bond  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Witness my hand and \_\_\_\_\_ seal the said last named date.

My Commission Expires \_\_\_\_\_, 20\_\_  
 \_\_\_\_\_  
 Notary Pubic (Written Signature)

I reside in \_\_\_\_\_ County, \_\_\_\_\_  
 \_\_\_\_\_  
 {State} \_\_\_\_\_  
 Notary Pubic (Printed or Typed Name)

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Bond number \_\_\_\_\_

NOTICE OF TERMINATION OF LIABILITY

COMPLIED     CANCELED    \_\_\_\_\_, 20\_\_  
 DATE

Submit all 5 copies    By: \_\_\_\_\_  
 PERMIT MANAGER

## **SECTION 31 : DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS**

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail :

1. Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
3. Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
4. Existing drainage patterns (including existing contours) and structures, including size and kind.
5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
7. Width dimensions of highway right-of-way.
8. Width and type of highway pavement.
9. Highway right-of-way and property lines.
10. Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
13. Proposed treatment of right-of-way area adjacent to and between approaches.
14. Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
15. A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

***Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)***

## **Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities**

### **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (1) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

### **Step by Step Process for Compliance with 327 IAC 15-5**

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

#### **Step 1:**

**Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.**

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique and therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "Indiana Storm Water Quality Manual" is available on-line at <http://www.in.gov/idem/4899.htm>.

#### **Step 2;**

**Submit the Construction Plan to the plan reviewing authority. In most situations, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.**

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a

notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice of Intent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one of these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <http://www.in.gov/idem/5429.htm>.

**Step 3:**

**Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.**

**Step 4:**

**Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation of land disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.**

A separate Notice of Intent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice of Intent letter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

**Step 5:**

**Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.**

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice of Intent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Step 6:**

**Implement the approved Construction Plan throughout the life of the project.**

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storm water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

**Step 7 :**

**Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),**

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

**Agency Information**

- Storm Water Program Website:

**<http://www.IN.gov/idem/4896.htm>**



# RULE 5 - NOTICE OF INTENT (NOI)

Slare Form 47487 (R5 / 10-05)  
Indiana Department of Environmental Management  
Office of Water Quality  
Approved by State Board of Accounts, 2005

Type of Submittal (Check Appropriate Box): <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Renewal
Permit Number:
<i>(Note: The initial submittal does not require a permit number; the Department will assign a number. A permit number is required when filing an amendment, applying for renewal, or correspondence related to this permit.)</i>

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construction Activity. Permitted project site owners are required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

Project Name and Location				
Project Name:	County:			
Brief Description of Project Location:				
Project Location: Describe location in Latitude and Longitude (Degrees, Minutes, and Seconds or Decimal representation) <u>and</u> by legal description (Section, Township, and Range, Civil Township)				
Latitude:	Longitude:			
Quarter:	Section:	Township:	Range:	Civil Township:
Does <input type="checkbox"/> all or <input type="checkbox"/> part of this project lie within the jurisdictional boundaries of a Municipal Separate Storm Sewer System (MS4) as defined in 327 IAC 15-13? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name the MS4(s):				

### Project Site Owner and Project Contact Information

Company Name (If Applicable):		
Project Site Owner's Name: (An Individual)	Title/Position:	
Address:		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)
Ownership Status (check one): Governmental Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Local    Non-Governmental: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other: (Explain)		
Contact Person:	Company Name: (If Applicable)	
Affiliation to Project Site Owner:		
Address: (if different from above)		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)

### Project Information

Project Description: <input checked="" type="checkbox"/> Residential-Single Family <input type="checkbox"/> Residential-Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: (Explain)
Name of Receiving Water:  <i>(Note: If applicable, name of municipal operator of storm sewer and the ultimate receiving water. If a retention pond is present on the property, the name of the nearest possible receiving water receiving discharge must be provided).</i>
Project Acreage Total Acreage:                      Proposed Land Disturbance: (in acres) Total Impervious Surface Area: (in square feet, estimated for completed project)
Project Duration Estimated Start Date:                      Estimated End Date for all Land Disturbing Activity:

(Continued on Reverse Side)



Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construction Plan meet the requirements of 327 IAC 15-5-6.5, 327 IAC 15-5-7, and 327 IAC 15-5-7.5;
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of the Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication **Must** include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged. Following is a sample Proof of Publication:

*'XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of our intent to comply with the requirements of 327 IAC 15-5 to discharge storm water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Runoff from the project site will discharge to the White River. Questions or comments regarding this project should be directed to Walter Water of XERT Development Inc.'*

- D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOI submittals (initial and renewal). A fee is not required for amendments.

Project Site Owner Responsibility Statement

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisions of 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

Printed Name of Project Owner: \_\_\_\_\_

Signature of Project Owner: \_\_\_\_\_ Date: \_\_\_\_\_

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(9). All NOI submittals must include an original signature (FAX and photocopies are not acceptable).

*Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.*

*Note: A permit issued under 327 IAC 15-5 is granted by the commissioner for a period of five (5) years from the date coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for construction activity continuation, a new Notice of Intent Letter (Renewal) is required to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOI Letter, Proof of Publication Fee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original submittal).*

Mail this form to: Indiana Department of Environmental Management  
Cashiers Office • Mail Code 50-10C  
100 North Senate Avenue  
Indianapolis, IN 46204-2251

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intent letter be submitted to the local Soil and Water Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questions regarding the development or implementation of the Construction Plan/Storm Water Pollution Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.  
For information and forms visit: [http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule\\_5.html](http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule_5.html)

**RULE 5- NOTICE OF TERMINATION (NOT)**

State Form 51514 (R2/4-10)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 OFFICE OF WATER QUALITY

For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Department of Environmental Management  
 Storm Water, Permits Coordinator  
 100 North Senate Avenue  
 MC 65-42, Room 1255  
 Indianapolis, Indiana 46204-2251  
 Telephone (317) 233-1864 or  
 (800) 451-6027 (within Indiana), ext. 31864  
 Web Access: <http://www.IN.gov/idem/4902.htm>

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the requirements and conditions of the General Permit Rule 327 IAC 15-5 (Rule 5, S/01111 Water Discharges Associated with Construction Activity) for termination of NPDES coverage under the National Pollutant Discharge Elimination System (NPDES).

**PROJECT NAME AND LOCATION****Permit number**

(Note: Permit numbers were assigned to projects beginning in November of 2003. Therefore, a permit number is only applicable for those projects that began or were renewed on or after November of 2003).

Project name

County

(Note: Provide the project name as it appears on the active "Notice of Intent")

Company name

Project site owner's name (an individual)

Address (number and street)

City

State

ZIP code

Telephone

FAX

E-mail address (if available)

**THIS "NOTICE OF TERMINATION" IS BEING SUBMITTED FOR THE FOLLOWING**

To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include:

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of construction activities (327 IAC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination" by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

**D Option # 1 Certification for change of ownership**

This option does not apply to the sale of individual lots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

By signing this "Notice of Termination" I certify the following:

- A. The project was sold; I am no longer the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (If applicable)

Project site owner's name (An individual)

Address (number and street)

City

State

ZIP code

Telephone number

FAX

E-mail Address (If available)

- B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent":

**D Option# 2 Certification for termination of construction activities**

By signing this "Notice of Termination" I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at the project site.

(Continued on reverse side)

**D Option # 3 "Notice of Termination" to obtain early release from compliance with 327 IAC 15-5**

By signing this "Notice of Termination," I certify the following:

- A. The remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

**PROJECT SITE OWNER RESPONSIBILITY STATEMENT**

By signing this "Notice of Termination" letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of project site owner \_\_\_\_\_

Signature of project site owner \_\_\_\_\_ Date \_\_\_\_\_

*This "Notice of Termination" must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(g).*

**SUBMITTAL OF THE "NOTICE OF TERMINATION"**

*Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Water Conservation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwater pollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at:*

**Indiana Department of Environmental Management  
Storm Water Permits Coordinator  
100 North Senate Avenue  
Mail Code 65-42, Room 1255  
Indianapolis, IN 46204-2251**

Additional considerations

*It is not required by 327 IAC 15-5 that the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.*

*If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination will be reviewed for concurrence and either returned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.*

**FOR AGENCY USE ONLY (FIELD VERIFICATION OF TERMINATION)**

The SWCD, an MS4 entity, or the Indiana Department of Environmental Management may inspect the project site to evaluate the adequacy of the remaining stormwater quality measures and compliance with the Notice of Termination (NOT) requirements. If the inspecting entity finds that the project site owner has met the requirements of 327 IAC 15-5, the entity may elect to sign off on the project. It is the responsibility of the project site owner to file the NOT with the Indiana Department of Environmental Management.

**O Accepted** The site referenced above has been inspected and it has been determined that the request to terminate this project is compliant with the requirements of 327 IAC 15-5. This form must be submitted to the IDEM for final processing.

**D Denied** The site referenced above has been inspected and it has been determined that the request to terminate this project is not compliant with the requirements of 327 IAC 15-5. Continue to implement the Storm Water Pollution Prevention Plan and take appropriate measures to minimize the discharge of pollutants.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Agency \_\_\_\_\_

Date (month, day, year) \_\_\_\_\_

## **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

### **Option 1**

#### **Change in Ownership:**

- D** A project is sold to another party and meets the following conditions.
- A request to terminate does not apply to the sale of individual lots within the permitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

### **Option 2**

#### **Certification for Termination of Construction Activity (*All conditions below must be met to qualify for termination*):**

- O** All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (*Field Assessment*).  
*Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.*
- D** No future land disturbing activities are planned for the site (*Field Assessment*).  
*Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.*
- O** All temporary erosion and sediment control measures have been removed (*Field Assessment*).

### **Option 3**

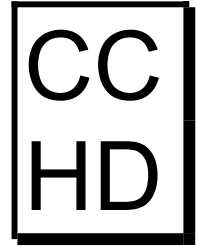
#### **Early Release (*All conditions below must be met to qualify for termination*):**

- D** Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (*Field Assessment*).
- D** Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D** All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D** The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (*Field Assessment*).
- D** All permanent storm water quality measures have been implemented and are operational (*Field Assessment*).

# CASS COUNTY HEALTH DEPARTMENT

512 High Street  
Logansport, IN 46947  
Office – (574)753-7760

Cherie A. Bennett, MD  
Health Officer  
Fax – (574)753-7039



## Homeowner's OSS Check List

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The following steps must be completed in order to obtain a **On-site Sewage System (OSS) Permit** from the Cass County Health Dept.

1. Obtain an **Application Packet** from the Health Dept.
2. **Contract a Soil Scientist** to prepare a soil report (*soil profile analysis*).  
A list of soil scientist is included with the application packet. It is best to meet the soil scientist at the site and, if known, have the Certified Installer at the site as well. Soil borings must be done in the area of the absorption field.
3. You should receive two (2) copies of the soil report. Keep one for your records and turn in the other copy, along with your **completed application and permit fee (\$100)**, to the Health Dept.
4. The Health Dept. will evaluate the soil report and issue **Minimum System Specification**. The minimum specifications will be mailed to the property owner.
5. The homeowner will need to select a **Certified Installer** off the list provided with the application packet. The homeowner should provide the minimum system specifications to Certified Installers to obtain bids.
6. The **Certified Installer** is responsible for designing the system and submitting the appropriate plan review paperwork (*Site plan, system design, plat plan, elevations, etc.*).
7. **After** all of the above paperwork is submitted, the Health Dept. will review and approve all the submitted materials. Please keep in mind that sometimes **revisions** are required and do lengthen the process. *Applications are reviewed on a first-in, first-out basis. No exceptions.*
8. After the submitted paperwork is reviewed, the Health Dept. will **issue** or **deny** the permit.  
Generally permits are mailed to the property owner. If you would like to pick up the permit, please let us know. Try to refrain from calling to check the status of a permit, as this only slows the review process.
9. Now that a permit has been issued, your Certified Installer may begin the OSS installation (*weather permitting*). Please keep in mind that septic systems **cannot** be installed when soil are “too wet.” After installation, your Installer must allow **two (2) working days** for an on-site inspection by the Health Dept.
10. After the **final inspection** and approval, the homeowner is responsible for assuring that the installation is completed according to code including the final cover of **at least 12 inches**.

# Registered Soil Science Consultants

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ANY Indiana registered soil scientist may perform your on-site soil survey. The following list shows the Soil Science consultants that have expressed interest in working in Cass County. This is not an endorsement of any listed consultant. A complete list of the Indiana Registered Soil Scientists throughout the state is available at <http://www.isco.purdue.edu/irss>

- 1.) GSH, Inc. – Soil Consulting** **1-888-382-2102**  
Gary Hudson  
P.O. Box 42  
Peru, In 46970
- 2.) PedoTech Soil** **1-574-930-0518**  
Shane McBurnett  
1123 N. 400 W.  
Rochester, IN 46975
- 3.) Lewis Flohr** **1-800-368-3235**  
629 East State Road 26  
Frankfort, IN 46041-7702
- 4.) Adams Environmental Corp.** **1-765-354-9171**  
Tom Adams  
P.O. Box 3206  
Anderson, IN 46018
- 5.) Environmental On-Sites, Inc.** **1-800-251-2104**  
Stan Livingston  
6220 West CR 75 North  
West Lafayette, IN
- 6.) Ziegler Soil Consulting, Inc.** **1-800-621-4400**  
Tom Ziegler  
3665 Stonegate Court  
Lafayette, IN 47905-7212
- 7.) Bender Soil Consulting** **1-260-307-6367**  
Justin Bender  
17981 14B Road  
Culver, IN 46511

# Certified Installers in Cass County

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This is a list of the certified OSS (on-site sewage system) professionals approved by the Cass County Health Department for 2011. This list is provided as a convenience in selecting an installer. Only installers on this list may legally construct, install, replace, alter, or repair any part of an onsite sewage system in accordance with Indiana State Department of Health Rule 410 IAC 6-8.2 and applicable Cass County Ordinance.

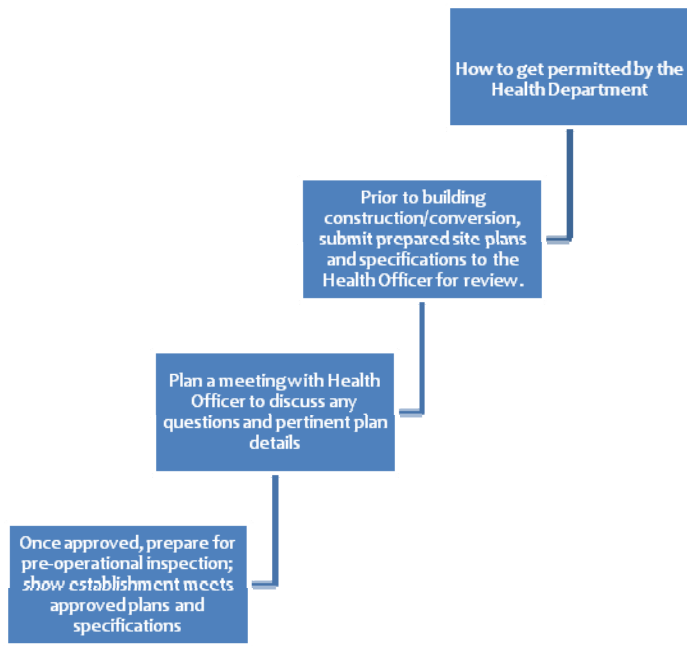
<b>Installer Name:</b>	<b>Company Name:</b>	<b>City:</b>	<b>Phone Number:</b>	<b>Cert No:</b>	<b>IOWPA Cert.*</b>
Brady Saylor	AAA Septic Services	Logansport	574-725-3158	1101	
Brad Sparks	B&S Excavating	Walton	574-626-2555	1102	√
Galen Miller	Miller & Son, Inc.	Amboy	765-395-7480	1103	√
Joseph Pear	Pear Septics & Mounds	Logansport	574-753-8009	1104	√
Ron Blackman	Blackman Excavating	Logansport	574-722-1470	1105	
Mike Stratton	Bol-Lan Construction	Logansport	574-722-6330	1106	
Richard Blazer	Blazer Farms	Kokomo	765-453-5615	1107	
Greg Lake	Enviro Systems	Walton	765-860-6034	1108	
James Boyd	DIYR Construction	Galveston	574-699-7421	1109	
John Brown	Leo Brown Construction	Logansport	574-722-2511	1110	
Curt Clifton	Clifton Contracting	Twelve Mile	574-664-2016	1111	
Dennis Sparks	Sparks & Son Excavating	Monticello	574-583-6244	1112	√
Darrel Deeds	Darrel Deeds Excavating	Macy	765-985-2787	1119	√
Brian Sparks	Sparks Excavating	Peru	574-721-3014	1117	√
Junior Merritt	Merritt's TK & Auto	Kokomo	765-432-0411	1115	
Rick DeGraaff	Five Star Landscaping	Kokomo	765-452-1111	1118	
Ty Lewis	Lewis Backhoe Inc.	Rochester	574-223-6602	1114	

\* IOWPA – Indiana On-Site Wastewater Professionals Assoc.

Food Permitting: The Cass County Health Department requires any non-tax exempt establishment to be permitted by their office prior to serving the public. The permit fees range from \$50-\$100 and must be renewed on a yearly basis.



- A Retail Food Establishment stores, prepares, serves, vends, and provides food for human consumption. Examples include a restaurant, catered feeding location, market, grocery store, food bank.
- Bed and Breakfast is a site that is owner occupied and provides sleeping accommodations to the public.
- A Temporary Food Establishment is a retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event.



Once permitted the Health Officer will inspect your establishment once every six months. Further information may be obtained from the Chief Food Specialist.

**Chief Foods Specialist – Cass County Health Department**  
**512 High Street – Logansport**  
**(574) 753-7760**





# APPLICATION FOR PLAN REVIEW

State Form 50033 (R2/6-05)  
Indiana State Department of Health  
Food Protection Program

Please complete the following, as is applicable to the retail food establishment.

**Owner/Corporation Information:**

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____ _____

**Engineer/Architect Information:**

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____ _____

**Establishment Information:**

(Check one) _____ New Construction    _____ Existing/Remodel    Project #: _____
Establishment Name: _____
Contact Person: _____ Title: _____
Establishment Telephone #: _____ Contact Person Telephone #: _____
Establishment Mailing Address: _____
Establishment Street Address: _____
Projected Date for Start of Project: _____
Projected Date for Completion of Project: _____
Hours of Operation: _____ Days of Operation: _____

**Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:**

(Please check items submitted for review)
_____ Proposed menu (including seasonal, off-site and banquet menus).
_____ Anticipated volume of food to be stored, prepared, and sold or served.
_____ Proposed layout, mechanical schematics, construction materials, and finish schedules.
_____ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
_____ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
_____ Plan review questionnaire completed and submitted to the regulatory authority.
<b>Note:</b> Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

**Additional Information:**

<b>Comments:</b> _____ _____ _____ _____
---------------------------------------------------

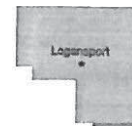
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Relationship to Project

\_\_\_\_\_  
Date Signed

**Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.**

**Cass County Health Department**  
**Food Permits**  
**512 High St.**  
**Logansport, IN 46947-1580**



**Application For A Permit To Operate**  
**A Retail Food Establishment**

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-22, 7-24, and Cass County Retail Food Establishment Ordinance 2004-01 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Cass County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit.

***THIS PERMIT IS NOT TRANSFERABLE!***

Any change of owner or operator requires a new permit. All permits expire December 31<sup>st</sup> of each year.

You must fill out this form completely and accurately. Return the signed original form and the proper fee of \$100.00 for all establishments except \$50.00 for convenience stores selling only pre-packaged foods to the Cass County Health Department. Submitting this application does not guarantee a permit will be issued. Late Fee: \$50.00. Any changes in the information provided must be reported to the health department.

**Name of Establishment:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name.

**Location of Establishment:** \_\_\_\_\_

The physical location of the establishment. This may not be the same as the mailing address.

**Establishment Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the local operator or manager may be reached.

**E-Mail Address:** \_\_\_\_\_

If the operator or manager has an e-mail address, show it here.

**Business Operator's Name:** \_\_\_\_\_

The person or corporation which owns the business. In a small business this may be the same as manager.

**On-Site Manager's Name:** \_\_\_\_\_

The person responsible for the daily operation and is available at the business.

**Building Owner's Name:** \_\_\_\_\_

The company which owns the physical structure which houses the business.

**Certified Food Handler:** \_\_\_\_\_

The name of the person who has passed an Indiana approved certification exam.

**Type of Certification :** \_\_\_\_\_

Options include: ServSafe (NRAEF), Certified Professional Food Manager (Experiore), or Certified Food Safety Manager (NRFSP)

**Business Telephone:** \_\_\_\_\_

The number which rings at the local business.

**Emergency Telephone:** \_\_\_\_\_

Number which will reach some one in authority in case of an emergency when business is closed.

(Continue on next page)

**Menu (if new or changed business):** \_\_\_\_\_

Indicate specific major menu items if food is prepared and served, or menu *changes* in the past year.

**Establishment's Daily Opening & Closing Times:**

Show the actual opening and closing times for the business. Be exact!

Sun:..... Mon:..... Tue: \_ \_ \_ \_ Wed:.....  
u Fri: \_ \_ \_ \_ Sat:

**Public Water Supply: \_Yes \_No Public Sewage Disposal: \_Yes \_No**

If the business is served by a public utility, mark "yes". If private well or sewage disposal, mark "no".

**"Smoke Free" Establishment Yes \_No**

Has this business set a no smoking policy to protect the health of customers and employees as advised by the Cass County Board of Health?

**Is There Off-Site Catering From This Location? \_Yes \_No**

**(If Yes, Is Proper Equipment Available For Safe Food Handling, Transport, And Handwashing When Required? \_Yes \_No)**

**Signature: \_\_\_\_\_ Title: \_\_\_\_\_**

The person who fills out the application needs to sign it, plus title.

**Print Name: \_\_\_\_\_ Date: \_\_\_\_\_**

***Do not write below this line. For Official Use Only.***

€ Food Handling Establishment Menu Type: I 2 3 4 5	€ Non Food Handling Establishment
-------------------------------------------------------	-----------------------------------

Est. ID# _____	Receipt Number: _ _ _ _ _
Payment Received: \$ _ _ _ _ _	File Date: _____
Date Issued: _ _ _ _ _	Date Expires: _ _ _ _ _

**Cass County Health Department**  
**Food Permits**  
**512 High St.**  
**Logansport, IN 46947-1580**



**Application For Permit To Operate**  
**A Temporary Retail Food Establishment**

Application is hereby made for a permit to operate a TEMPORARY food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-20, and Cass County Retail Food Establishment Ordinance 2004-01. It is further agreed that the establishment shall be open to inspection daily by agents of the Cass County Health Department. ***THIS PERMIT IS NOT TRANSFERABLE!*** It is issued only to the person named on the permit. You must fill out this form completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE of \$20.00 per each day** of the intended operation (up to a maximum of \$100.00 per event) must be returned to the Cass County Health Department **NOT LESS THAN FIFTEEN (15) DAYS PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.**

Non-profit organizations are exempt from the permit fee and inspection requirements with proof of non-profit status.

**Vendor's Business Name:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name. If individual, use individual name.

**Complete Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the vendor may be reached.

**Business Telephone:** \_\_\_\_\_

Number which will reach someone responsible for the business.

**Operator's Name:** \_\_\_\_\_

The person who owns the temporary business. In a small business this may be the same as manager.

**Person-in-Charge:** \_\_\_\_\_

The person responsible for the on-site operation and is available on-site during the operation.

**Name Of Event:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Menu (Food) To Be Served (be complete!):** \_\_\_\_\_

**Location Of Event (Directions) :** \_\_\_\_\_

**Location Of Food Preparation:** on-site other location... **Start time of event.** \_\_\_\_\_

**If other , specify the food source:** \_\_\_\_\_

All food served must come from an inspected and approved source.

**How Will You Dispose Of Waste Water?** holding tanks public utility

**Certified Food Handler** \_\_\_\_\_

(Send a copy of their certificate with this application. **Without this certification, permits will not be issued**)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The person who fills out the application needs to sign it.

**Do Not Write Below This Line. For Official Use Only.**

Vendor ID Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number : \_\_\_\_\_

Date Expires: \_\_\_\_\_

# CITY BUILDING PERMIT INFORMATION

## IMPROVEMENT LOCATION PERMITS

An Improvement Location Permit shall be obtained before any person may:

- occupy or use any land; or
- construct, reconstruct, move, alter, or enlarge any structure; or
- change the use of a structure or land to a different use; or
- change a non conforming use.

Improvement Location Permits are not required for the following:

- agriculture uses and structures; except for confined feeding operations;
- water management and use facilities;
- yard improvements listed in Section 306.04 of the Ordinance;
- land preparation activities

## STATE PERMITS

When is a state permit required?

- New commercial, industrial, or institutional development over 500 square feet
- New additions over 300 squarefeet
- Remodeling commercial, industrial, or institutional permits

*Note: Exemptions from Design Release Requirements from the State of Indiana are covered under General Administrative Rule 675IAC 12-6-4. If this rule applies you still are required to obtain a local permit.*

What is the process?

Submit your plans to the State Fire Prevention & Building Safety Plan Review (317-232-6422) for a State Design Release [www.in.gov/ai/appfiles/dhs-drs](http://www.in.gov/ai/appfiles/dhs-drs). Upon receiving an approval you may file for an Improvement Location Permit (ILP) and Building Permit.

*Note: Other documents such as driveway cuts and septic permits must be submitted before the Improvement Location Permit and Building Permit can be processed.*

## HOW LONG IS AN IMPROVEMENT LOCATION PERMIT AND BUILDING PERMIT VALID?

Improvement location permit and building permits shall become null and void one year from the date of issuance. If the work described in the Improvement Location Permit and Building Permit has not been substantially completed by the expiration of this time, no further work may proceed unless and until a new permit has been obtained.

## INSPECTIONS

After site plans have been approved and permits have been issued, construction can begin. The construction work will be inspected throughout the course of a project. The approved set of plans with comments should remain (on-site) available to inspectors at all times.

Note that before any construction occurs you must call before you dig 811 to locate any utility lines within the construction area. (2 day timeframe)

A contractor should request that the Planning Department perform the proper inspection at the proper stage of work a final inspection is required.

When all inspections have been made and a final inspection has been completed, then a Certificate of Occupancy can be issued and the structure may be occupied.

**DEMOLITION SITE INSPECTIONS:** Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. (After structure(s) is down and site has been cleared)

**FOOTERS:** Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. [For Post & Beam/Pier (FOOTINGS); Basement footings (LOWER FOOTING); and/or crawl space wall or slab wall (UPPER FOOTING)

- A Grade stakes are required to be installed.

- B All water pumped out and scraped clean to solid ground.
- C Forms are to be complete and level.
- D Re-Bar installed, tied, and supported.
- E Tarps and insulation cover removed for inspection.
- F INSPECTION MUST BE APPROVED BEFORE YOU POUR.

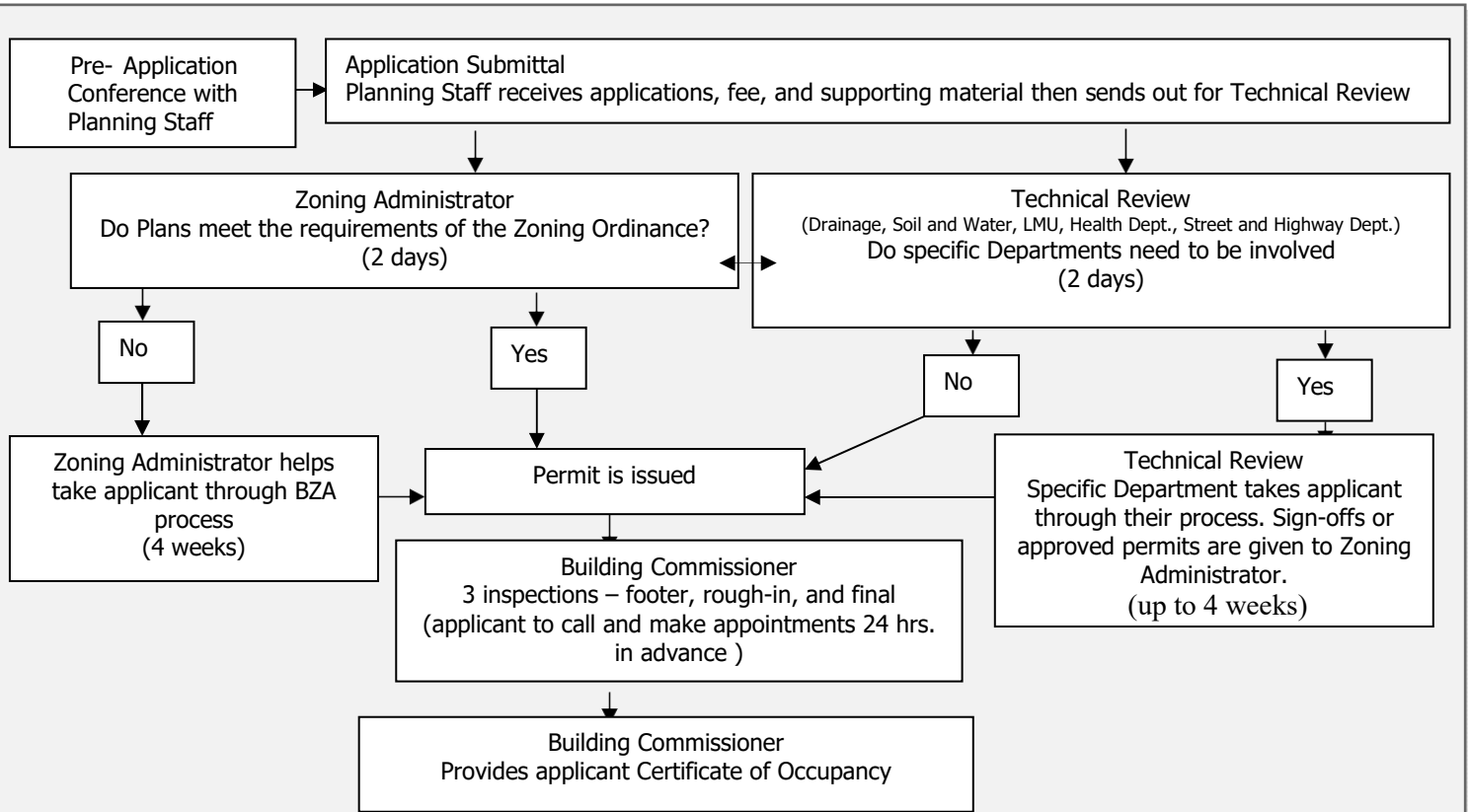
ROUGH-IN: Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date. (Framing, electrical, and plumbing)

Do NOT INSULATE prior to inspection and approval. Inspection is to be approved BEFORE insulation and coverings on any of the construction areas are installed.

- A Structure is to be WEATHER TIGHT: Windows and doors in, roofing, and shingles on.
- B All draft stops and fire blocking must be installed for this inspection.
- C Access to all areas must be provided.
- D All rough-in work completed.

FINAL INSPECTION: Schedule by calling (574) 753-4381 a minimum of 24 hours prior to request date when job is completely finished and prior to occupancy.

## CITY RESIDENTIAL PERMIT PROCESS



*For Technical Review Sign-offs and Department List see Technical Review Process*

### Submittal Requirements

- Completed Application(s)
  - Improvement Location Permit Application
    - Site Plan: including dimensions of property lines, setbacks, existing structures, septic location (if applicable), easements (if known), etc
  - Street Department /INDOT Permit (curb cut/access)
  - Rule 5 (if disturbing more than 1 Acre, if applicable)
  - Development Plan Review Application
    - Floodplain Regulations
    - Riverfront Protection Overlay District
    - Airport Overlay District
    - Gateway Overlay District
    - Downtown Overlay District
    - Historic Overlay District

# LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

*Please print in ink - Completed application will be processed within 48 hours*

*Site Plan is required - Incomplete application will not be processed*

Property Owner Information		* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD			
Name:		Phone #:			
Address:		Email:			
City:		State:		Zip Code:	
General Project Information					
Address of Improvement:				Township:	
Description of Project:				Owned ( ) Leased ( )	
Parcel #:					
Type of Use: Commercial/Industrial ( ) Residential ( ) Agricultural ( )					
Dimensions of Improvement: (L) (W) (H) Size (Sq. Ft.):					
Setbacks: Side: Side: Front: Rear:					
Additional Project Information					
Estimated Cost:			Estimated Completion Date:		
Contractor's Name:			Phone #:		
Health Dept. permit #:		C.C. Curb Permit		LMU Permit	
( Circle one )					
Subdivision :		Foundation type		Slab / Crawlspace / Basement	
Mobile Home: Make		Yr.		Serial # State Form 7878	
The undersigned hereby certifies the following:					
1.) That all construction requested by this application will comply with all City, State and Federal regulations.					
2.) That the completed project will conform to the site plan and application presented or legal action may be taken.					
3.) That inspections are required before a Certificate of Occupancy may be issued.: Footer; Rough-In (if applicable); Final Please call 24 hours in advance					
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.					
5.) That all information in this application is true and accurate.					
<b>Signature of Applicant / Representative:</b>					
<b>Please Print Name:</b>				<b>Date</b>	
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____</b>					
TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF					
Zoning Class		Does the project conform to this zoning classification?		Yes No	
Flood Zone		Elevation Certificate Required?		Yes No	
Is a confined feed operation within 1320 feet?		Yes		No	
Within an Overlay District?		Airport		Downtown Gateway Riverfront Grissom	
Approved:		Denied:		Date: Signature:	
NOTES:					
Building Permit Fee:			ILP Permit Fee:		
Total Permit Fee:		ILP #:		Receipt #:	



## REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following information.

- 1) Property Lines
- 2) Existing buildings or structures on the site with approximate distances
- 3) Location and dimensions of the proposed improvement
- 4) Distance of the proposed improvement from all property lines
- 5) Adjacent streets or roads labeled.

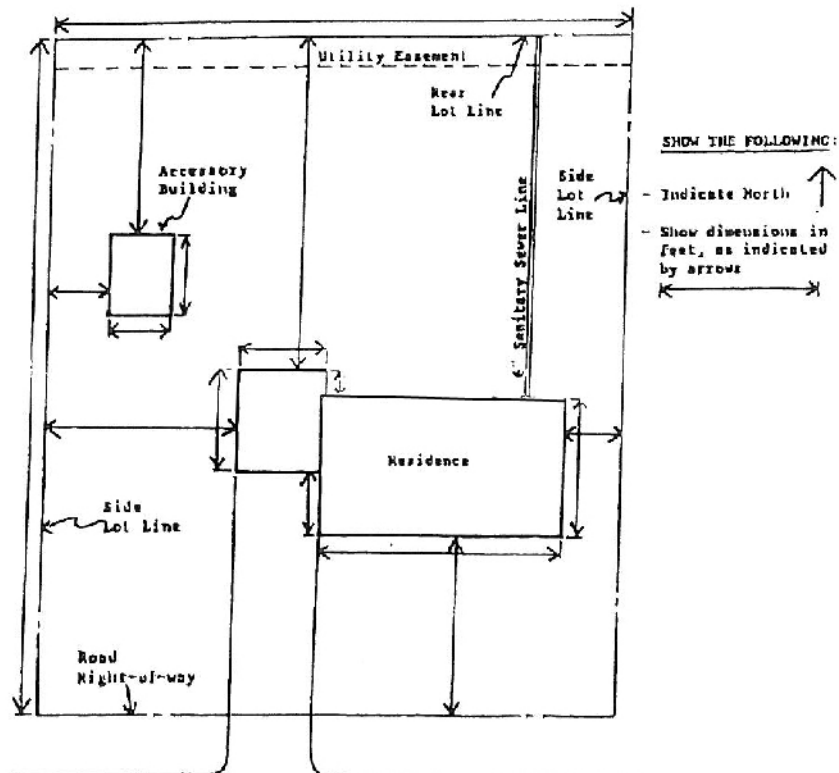
B) Commercial, Industrial, public or institutional buildings or additions to such a building shall be accompanied by complete construction drawings approved by the Department of Fire and Building Services.

C) The following inspections are necessary before a Certificate of Occupancy will be issued:

FOOTER: \_\_\_\_\_ Measure the holes before they are filled  
ROUGH IN: \_\_\_\_\_ Before the drywall is installed (if applicable)  
FINAL: \_\_\_\_\_ When project is completed

D) Inspections are to be scheduled at least 24 hours in advance.

## EXAMPLE OF A SITE PLAN



**CITY OF LOGANSPORT**  
**APPLICATION FOR CURB CUT AND/OR STREET CUT**

This application, with a diagram of where the street or curb is to be cut, must be signed and delivered to the Logansport Street Department, division of Public Works, located at 612 Race St., Logansport, IN.

The Logansport Board of Works must approve this application (before the work is done). The Board meets every Thursday morning at 9:00 in the Logansport City Council Chambers, located on the third floor of the City Building, 601 E. Broadway. Request received prior to 12:00 (noon) on Tuesday, will be on the agenda for discussion and/or approval the following Thursday.

**OWNER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**REASON FOR CUT** \_\_\_\_\_

**START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

**PRECISE LOCATION** \_\_\_\_\_

**Draw diagram (site plan) on a letter size (8.5 X 11) piece of paper where curb cut or street cut will be located.**

**Cut for driveway, etc. must be 5 ft. from property lines and 25 feet between curb cuts.**

**CITY OF LOGANSPORT  
APPLICATION FOR CONTRACTOR'S REGISTRATION**

Date \_\_\_\_\_ Contractor Specialty/Type \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**OFFICE USE ONLY**

.....  
Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ By \_\_\_\_\_

Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

Contractor Type:  Electrician  Plumber  General  HVAC  Other \_\_\_\_\_

Certificate of Insurance Provided \_\_\_ Yes \_\_\_ No Expiration Dates \_\_\_\_\_

Plumbers Only: Enclose a copy of your current State of Indiana Plumbing License.  
Plumbing License# \_\_\_\_\_ Exp. \_\_\_\_\_



# DRIVEWAY PERMIT

State Form 1945 (R6 / 3-00)

Approved by State Board of Accounts, 2000

## STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

Type of Permit:			
<input checked="" type="checkbox"/> Private Driveway Class	<input type="checkbox"/> Minor Commercial Driveway Class	<input type="checkbox"/> Sub-minor Commercial Driveway Class	<input type="checkbox"/> Major Commercial Driveway Class
District	Subdistrict	Subdistrict telephone number (      )	
Driveway location:			
			Reference pt. number
<input checked="" type="checkbox"/> Legal description of Parcel is attached <i>(All driveway applications)</i>			
<input checked="" type="checkbox"/> 20 year Certified Title Search or Title Insurance is attached <i>(All commercial driveway applications)</i>			
Present use of Parcel(s):			
Proposed use of Parcel(s) including adjacent Parcels owned and / or controlled by applicant:			
Bond required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Penal Sum \$      Bond number			
APPLICATION FEE: <i>(Make check or bank draft payable to "Indiana Department of Transportation")</i>			1\$
SPECIAL PROVISIONS:			
THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONABLE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HERewith IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.			
Signature of permit applicant		Printed name of permit applicant	
Name of company or organization		1 Telephone number (      )	
Address <i>(number and street, city, state, ZIP code)</i>			
Inspector			
District Regulatory Supervisor			
District Director			

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**INDIANA DEPARTMENT OF TRANSPORTATION  
LaPorte District Permit Section  
Permit Bond Information**



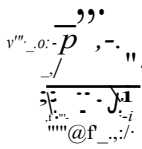
*In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).*

Name of Insurance Company: _____
Contact Person: _____
Office Address: _____
City: _____ State: _____ Zipcode: _____
Telephone Number: _____

*Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above.*

<b>FOR OFFICE USE ONLY</b>	
Permit Number: _____	_____
Bond Number: _____	_____

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at  
(219) 362-6125



PERMIT BOND

State Form 41523 (R4 / 3-00)

Approved by State Board of Accounts, 2000

Driveway     Excavation     Pole Line     Bridge Attachment     Misc.

Know all men by these presents that we, the Undersigned \_\_\_\_\_ (address) \_\_\_\_\_ as Principal and \_\_\_\_\_ (address) \_\_\_\_\_ as Surety, are hereby held and firmly bound unto the State of Indiana in the penal sum of \_\_\_\_\_, for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns:

DATED THIS \_\_\_\_\_

The conditions of the above obligation are such that, whereas, the above named \_\_\_\_\_ did on \_\_\_\_\_ make application for a permit with the State of Indiana for: \_\_\_\_\_

which permit is made a part of this bond the same as though set forth herein.

Now, if said \_\_\_\_\_ (Principal - Applicant) shall well and faithfully do and perform the things agreed by the \_\_\_\_\_ (Principal - Applicant) to be done and performed according to the terms of said permit and to the satisfaction of the Indiana Department of Transportation, and shall pay all lawful claims of the contractor, vendors and laborers for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of said pemnit, (on file with the Department of Transportation), then this obligation shall be void, otherwise the same shall remain in full force and effect, it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder except as provided below shall in no event exceed the penal sum of this obligation as herein stated. In event of noncompliance the surety shall be liable for the court costs and attorney fees spent in the collection of this bond over and above the peral sumof this obligation.

IN WITNESS WHEREOF, we hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**Surety** \_\_\_\_\_ **Principal** \_\_\_\_\_  
(Attach Power of Attorney)

State of \_\_\_\_\_, County of \_\_\_\_\_ ss:  
Personally appeared before me, \_\_\_\_\_ as Principal and \_\_\_\_\_ as Surety and each acknowledged the execution of the above bond this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness my hand and \_\_\_\_\_ seal the said last named date.

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_  
Notary Pubic (Written Signature)

I reside in \_\_\_\_\_ County, \_\_\_\_\_ (State) \_\_\_\_\_  
Notary Pubic (Printed or Typed Name)

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Bond number \_\_\_\_\_

**NOTICE OF TERMINATION OF LIABILITY**

COMPLIED  CANCELED \_\_\_\_\_, 20 \_\_\_\_  
DATE

Submit all 5 copies By: \_\_\_\_\_  
PERMIT MANAGER

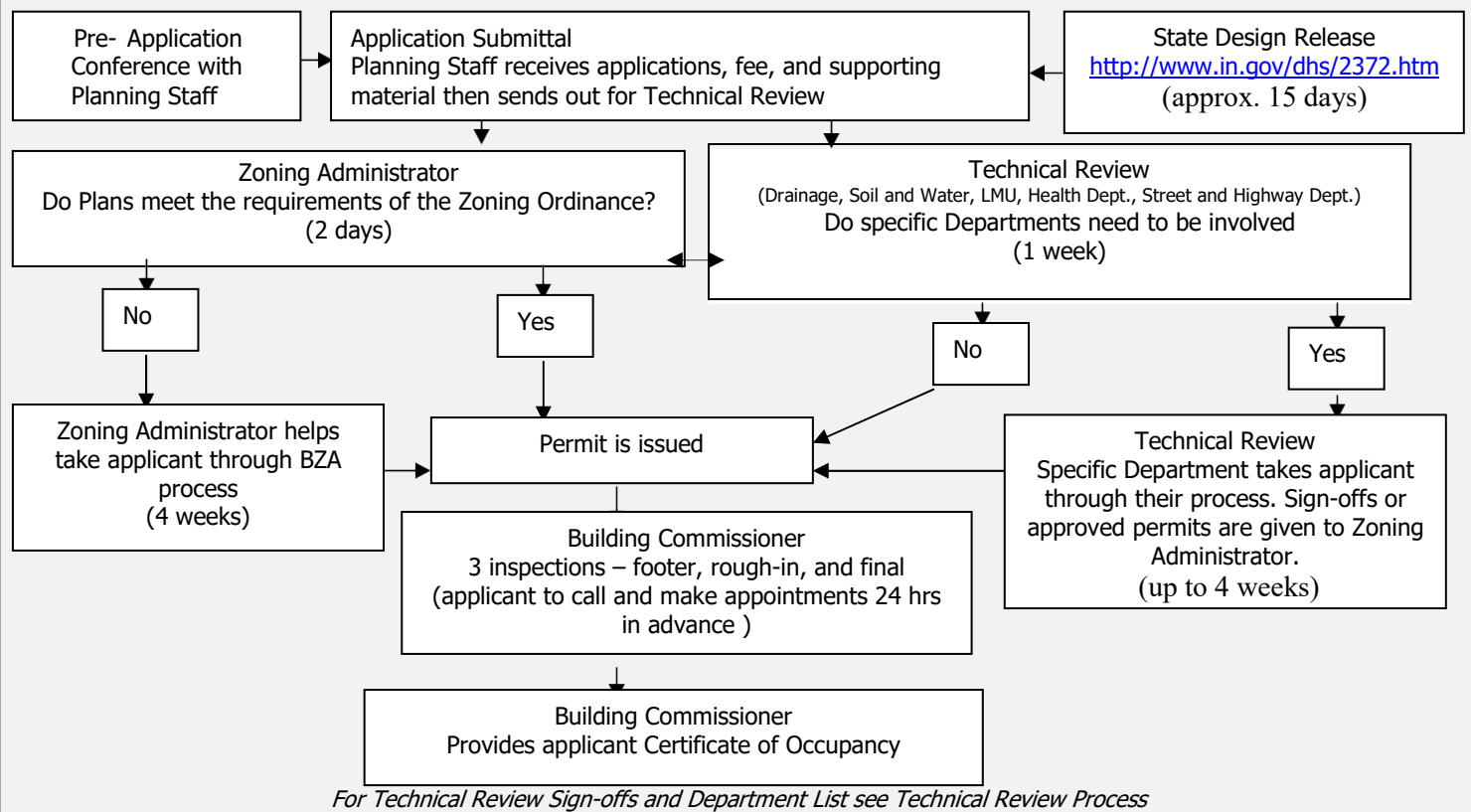
## **SECTION 31 : DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS**

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail :

1. Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
3. Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
4. Existing drainage patterns (including existing contours) and structures, including size and kind.
5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
7. Width dimensions of highway right-of-way.
8. Width and type of highway pavement.
9. Highway right-of-way and property lines.
10. Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
13. Proposed treatment of right-of-way area adjacent to and between approaches.
14. Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
15. A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

***Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)***

## CITY COMMERCIAL AND INDUSTRIAL PERMIT PROCESS



### Submittal Requirements

- Improvement Location Permit Application
  - Site Plan
  - Paving Plan
  - Drainage Plan
  - Landscape Plan/Buffer Plan (Section 306.13)
  - Lighting Plan (Section 524)
  - Floor Plans of All Proposed Buildings
  - Elevations of All Proposed Buildings
  - Proposed Sign (location & size) (Section 505)
  - Construction Drawings
  
- Development Plan Review Application
  - Floodplain Regulations
  - Riverfront Protection Overlay District
  - Airport Overlay District
  - Gateway Overlay District
  - Downtown Overlay District
  
- Health Department Permits (Restaurant)
  
- Street Department/Highway Department/INDOT Permit (curb cut/access)
  
- Rule 5 (Disturbing more than 1 Acre)
  
- Clerk's Office (City permits for restaurant, entertainment, or taxi service)
  
- State Design Release



# LOGANSPORT/CASS COUNTY/WALTON IMPROVEMENT LOCATION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

*Please print in ink - Completed application will be processed within 48 hours*

*Site Plan is required - Incomplete application will not be processed*

Property Owner Information		* ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD			
Name:		Phone #:			
Address:		Email:			
City:		State:		Zip Code:	
General Project Information					
Address of Improvement:			Township:		
Description of Project:					Owned ( ) Leased ( )
Parcel #:					
Type of Use:      Commercial/Industrial ( )      Residential ( )      Agricultural ( )					
Dimensions of Improvement:      (L)      (W)      (H)      Size (Sq. Ft.):					
Setbacks:      Side:      Side:      Front:      Rear:					
Additional Project Information					
Estimated Cost:			Estimated Completion Date:		
Contractor's Name:				Phone #:	
Health Dept. permit #:		C.C. Curb Permit		LMU Permit	
Subdivision :      Foundation type      ( Circle one )      Slab /      Crawlspace /      Basement					
Mobile Home:      Make      Yr.		Serial #		State Form 7878	
The undersigned hereby certifies the following:					
1.) That all construction requested by this application will comply with all City, State and Federal regulations.					
2.) That the completed project will conform to the site plan and application presented or legal action may be taken.					
3.) That inspections are required before a Certificate of Occupancy may be issued.: Footer; Rough-In (if applicable); Final Please call 24 hours in advance					
4.) That the structure and/or land use may not be occupied without the signed Certificate of Occupancy.					
5.) That all information in this application is true and accurate.					
<b>Signature of Applicant / Representative:</b>					
<b>Please Print Name:</b>				<b>Date</b>	
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking # _____ Date: _____</b>					
TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT & PLANNING DEPARTMENT STAFF					
Zoning Class		Does the project conform to this zoning classification?		Yes      No	
Flood Zone		Elevation Certificate Required?		Yes      No	
Is a confined feed operation within 1320 feet?			Yes      No		
Within an Overlay District?		Airport      Downtown		Gateway      Riverfront      Grissom	
Approved:		Denied:		Date:      Signature:	
NOTES:					
Building Permit Fee:				ILP Permit Fee:	
Total Permit Fee:		ILP #:		Receipt #:	

## REQUIREMENTS FOR COMPLETION OF APPLICATION

A) Project site plan including the following information.

- 1) Property Lines
- 2) Existing buildings or structures on the site with approximate distances
- 3) Location and dimensions of the proposed improvement
- 4) Distance of the proposed improvement from all property lines
- 5) Adjacent streets or roads labeled.

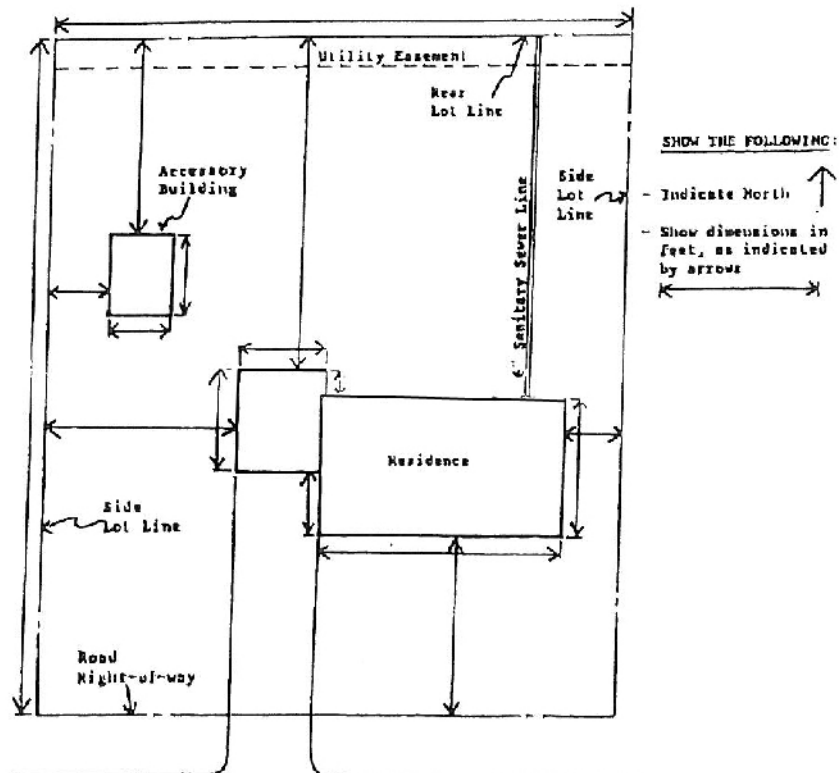
B) Commercial, Industrial, public or institutional buildings or additions to such a building shall be accompanied by complete construction drawings approved by the Department of Fire and Building Services.

C) The following inspections are necessary before a Certificate of Occupancy will be issued:

FOOTER: \_\_\_\_\_ Measure the holes before they are filled  
ROUGH IN: \_\_\_\_\_ Before the drywall is installed (if applicable)  
FINAL: \_\_\_\_\_ When project is completed

D) Inspections are to be scheduled at least 24 hours in advance.

## EXAMPLE OF A SITE PLAN





**APPLICATION FOR CONSTRUCTION  
DESIGN RELEASE**

**STANDARD** /  **PARTIAL**  
 **FOUNDATION REQUEST**

State Form 37318 (R13 / 8-99)  
Approved by State Board Of Accounts 1999

Return to: INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES  
PLAN REVIEW DIVISION  
OFFICE OF THE STATE BUILDING COMMISSIONER  
INDIANA GOVERNMENT CENTER SOUTH  
402 W WASHINGTON ST RM E245  
INDIANAPOLIS IN 46204-2739  
www.in.gov/sema/osbc/plan/index.html

**PLEASE PRINT CLEARLY**

**PROJECT LOCATION (Must Be Complete and Accurate)**

Name of Project		Closest intersecting street or road			
Address (site location, number and street)		Suite or Floor	Direction FROM intersection TO project		
			<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West
City	County	Is project within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is building State owned <input type="checkbox"/> Yes <input type="checkbox"/> No		

**OWNER'S CERTIFICATE (Must Be Executed)**

As owner of the project for which this application is being filed, I hereby certify:

- The description of use and information contained on this application are correct;
- The project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission;
- Any changes to the released documents will be filed with the Office of the State Building Commissioner.

Authorized signature		Name of owner or business	
Name (typed or printed)		Address (number, street, PO Box if applicable)	
Title		City, State, Zip Code	
Telephone Number:	Fax Number:	E-Mail:	Facility use:

I agree to take full responsibility for removing and replacing any construction found by plan examination or by inspection, to be in violation of the **Foundation Requested** building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Fire and Building Services.

**DESIGN PROFESSIONAL CERTIFICATE**

(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)

As the design professional for the project for which this application and plans are being filed, I hereby certify:

- I am qualified and competent to design such buildings, structures, and systems;
- the plans filed in conjunction with this application were created by me and / or by persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
- the project data contained on this application is correct and corresponds with the plans that are being filed in conjunction with this application;
- the design professional identified below or a designee will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
- I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Responsibility is for the following systems:  Site  Foundation  Structural  Architectural  Mechanical

Plumbing  Electrical  Fire Suppression  All Above  Other (specify) \_\_\_\_\_

Signature		Name of firm (if applicable)	
Name (typed or printed)		Address (number, street, PO Box if applicable)	
Indiana Registration Number:	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer	City, State, Zip Code	
Telephone Number:	E-Mail:	Fax Number:	

Designated Inspecting Design Professional:	Indiana Registration Number:	Telephone Number:
--------------------------------------------	------------------------------	-------------------

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL

**IF MULTIPLE DESIGN PROFESSIONALS ARE INVOLVED IN THE CERTIFICATION PROCESS, SUBMIT AN ADDITIONAL PAGE 1 WITH THE APPROPRIATE INFORMATION.**

**PROJECT DATA**

(to be completed by submitter) Please answer all pertinent questions

**FOR OFFICE USE ONLY**

SBC project number

Filing date

**DOCUMENTS REQUIRED FOR FILING**

1. One Application for Construction Design Release, together with correct filing fees. (See Fee Schedule)
2. One complete filing (paper or e-mail). This filing will not be returned to the applicant. A set of drawings identical to those released by the Office of the State Building Commissioner shall be maintained on the project site. Weight limit of each submitted package is 30 pounds.
  - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets, access roadways or easements bordering the property.
  - B. Foundation and basement plans and details.
  - C. Dimensioned floor plans for all floors.
  - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exists.
  - E. Wall elevations of all exterior walls including adjacent ground elevation.
  - F. Sections and details of walls, floors and roof, showing dimensions, materials.
  - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and stress calculations.
  - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways, hallways and corridors.
  - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
  - J. Electrical plans, diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
  - K. Plumbing plans showing location of fixtures, risers, drains, and piping isometrics.
  - L. Mechanical plans showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
  - M. Fire protection plans showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.

**PROJECT DESCRIPTION (Must Be Complete)****FLOOR AREAS****ESTIMATED COSTS**

Scope of work: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (if applicable) Sq. ft.	
Is this construction the result of fire or Natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer : <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (if applicable) Sq. ft.	Addition (if applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Detailed suppression system plans/specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (if applicable) Sq. ft.	Remodeling (if applicable) \$
If partial, specify where*	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input type="checkbox"/> No	Total building area square feet	Total project cost \$
Building construction type and occupancy classification	Building height (stories)*	Number of buildings this submittal (Describe if necessary)*	Volume cubic feet (Fee category E only)
Indiana rehabilitation standard (Rule 8) used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of conversion rule (Rule 13) proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does project include: (Check if yes) <input type="checkbox"/> Elevator or lift	<input type="checkbox"/> Combustible fibers storage	<input type="checkbox"/> Fireworks storage	<input type="checkbox"/> Explosives storage
<input type="checkbox"/> High-piled storage	<input type="checkbox"/> Boiler or pressure vessel	<input type="checkbox"/> Hazardous or flammable materials storage	
Describe proposed use of facility IN DETAIL including types of flammable or combustible materials stored or handled *			
Describe IN DETAIL previous or current use of facility (if existing facility)*			
			Number of persons employed (max/shift)
General comments*			Number of persons (public)

**GENERAL INFORMATION**

Has work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What year and month?	Previous SBC Project Number	Name of Manufacturer	Master Plan / Modular Number
Has construction started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has notice of violation or investigation been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, probable construction starting date?

\*NOTE: USE SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.



# APPLICATION FOR CONSTRUCTION PERMIT

State Form 50098 (R6 / 4-20)  
INDIANA STATE DEPARTMENT OF HEALTH  
Environmental Public Health Division

DATE RECEIVED

(month, day, year)

RECEIPT NUMBER

PROJECT NUMBER

- INSTRUCTIONS:
1. Send check or money order along with plans to:  
Indiana State Department of Health  
Attention: Environmental Public Health  
100 North Senate Avenue, Room N855  
Indianapolis, IN 46204
  2. Direct questions to (317) 233-7177.

## FAX COPIES OF APPLICATIONS WILL NOT BE ACCEPTED.

<p>1. OWNER</p> <p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>E-mail</p>	<p>5. The Following Documents are Attached: (CHECK WHERE APPLICABLE.)</p> <p>A. Location Map <input type="checkbox"/></p> <p>B. Plans and Specifications certified by Architect or Engineer <input type="checkbox"/></p> <p>C. Documents Required by 410 IAC 6-10 (1) Report of Soil Survey Conducted by a Soil Scientist - Applicable if soil Report Not Already Submitted <input type="checkbox"/> (2) Wastewater Characteristics and Flow Calculations</p> <p>D. <b>Fees Required</b> by 410 IAC 6-12-17 (See other side.) <input type="checkbox"/></p>
<p>2. OWNER'S DESIGNATED AGENT</p> <p>Name</p> <p>Title</p> <p>Address</p> <p>Telephone Number</p> <p>E-mail</p>	<p>6. SIGNATURE</p> <p>Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date of Application (month, day, year)</p>
<p>3. FACILITY (TYPE OF PROJECT)</p> <p>Name</p> <p>Address</p> <p>City</p> <p>County</p>	
<p>4. ENGINEER/ARCHITECT</p> <p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>License Number</p> <p>E-mail</p>	

## INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

1. Owner  
Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of any water pollution control facility.
2. Authorized Agent  
Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project  
State its name, location, and nearest possible address.
4. Name of Engineer / Architect  
Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the squares indicating name of documents attached to Application.  
All documents are required except where inapplicable.
  - A. A USGS topographic map or a county highway map with the exact site indicated.
  - B. Plans and specifications shall be prepared, certified and sealed by an individual qualified under applicable laws of the State of Indiana.
  - C. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
  - D. **Fees required** by 410 IAC 6-12-17

<b>Commercial on-site</b>	<b>\$200</b>
<b>Community Wastewater Disposal Facility</b>	<b>\$700</b>
<b>Mobile Home Community or Mobile Home Community Addition</b>	<b>\$300</b>
6. Signature  
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.



# DRIVEWAY PERMIT

State Form 1945 (R6 / 3-00)

Approved by State Board of Accounts, 2000

## STATE OF INDIANA INDIANA DEPARTMENT OF TRANSPORTATION

Type of Permit:			
<input checked="" type="checkbox"/> Private Driveway Class	<input type="checkbox"/> Minor Commercial Driveway Class	<input type="checkbox"/> Sub-minor Commercial Driveway Class	<input type="checkbox"/> Major Commercial Driveway Class
District	Subdistrict	Subdistrict telephone number (      )	
Driveway location:			
			Reference pt. number
<input checked="" type="checkbox"/> Legal description of Parcel is attached <i>(All driveway applications)</i>			
<input type="checkbox"/> 20 year Certified Title Search or Title Insurance is attached <i>(All commercial driveway applications)</i>			
Present use of Parcel(s):			
Proposed use of Parcel(s) including adjacent Parcels owned and / or controlled by applicant:			
Bond required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Penal Sum \$      Bond number			
APPLICATION FEE: <i>(Make check or bank draft payable to "Indiana Department of Transportation")</i>			1\$
SPECIAL PROVISIONS:			
THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONABLE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HERewith IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH.			
Signature of permit applicant		Printed name of permit applicant	
Name of company or organization		1 Telephone number (      )	
Address <i>(number and street, city, state, ZIP code)</i>			
Inspector			
District Regulatory Supervisor			
District Director			

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**INDIANA DEPARTMENT OF TRANSPORTATION  
LaPorte District Permit Section  
Permit Bond Information**



*In order to expedite the release of any outstanding liabilities associated with permits issued by the Indiana Department of Transportation, we are requiring that the following information be completed and returned with the Permit Bond form 41523 (R4/3-00).*

Name of Insurance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Upon completion of all work associated with this permit, the bond release notification will be sent to the insurance company by the information furnished above.*

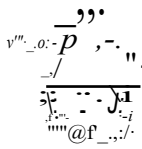
**FOR OFFICE USE ONLY**

Permit Number: \_\_\_\_\_

Bond Number: \_\_\_\_\_

Any questions or concerns please contact the INDOT LaPorte District Permit Clerk at  
(219) 362-6125





PERMIT BOND

State Form 41523 (R4 / 3-00)

Approved by State Board of Accounts, 2000

Driveway     Excavation     Pole Line     Bridge Attachment     Misc.

Know all men by these presents that we, the Undersigned \_\_\_\_\_ (address) \_\_\_\_\_ as Principal and \_\_\_\_\_ (address) \_\_\_\_\_ as Surety, are hereby held and firmly bound unto the *State* of Indiana in the penal sum of \_\_\_\_\_, for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns:

DATED THIS \_\_\_\_\_

The conditions of the above obligation are such that, whereas, the above named \_\_\_\_\_ did on \_\_\_\_\_ make application for a permit with the State of Indiana for: \_\_\_\_\_

which permit is made a part of this bond the same as though set forth herein.

Now, if said \_\_\_\_\_ (*Principal - Applicant*) shall well and faithfully do and perform the things agreed by the \_\_\_\_\_ (*Principal - Applicant*) to be done and performed according to the terms of said permit and to the satisfaction of the Indiana Department of Transportation, and shall pay all lawful claims of the contractor, vendors and laborers for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of said pemnit, (*on fife with the Department of Transportation*), then this obligation shall be void, otherwise the same shall remain in full force and effect, it being expressly understood and agreed that the liability of *the* Surely for any and all claims hereunder except as provided below shall in no event exceed the penal sum of this obligation as herein stated. In event of noncompliance the surety shall be liable for the court costs and attorney fees spent in the collection of this bond over and above the peral sumof this obligation.

IN WITNESS WHEREOF, we hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**Surety**  
*(Attach Power of Attorney)*

\_\_\_\_\_  
**Principal**

State of \_\_\_\_\_, County of \_\_\_\_\_ ss:  
 Personally appeared before me, \_\_\_\_\_ as Principal and \_\_\_\_\_ as Surety and each acknowledged the execution of the above bond this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness my hand and \_\_\_\_\_ seal the said last named date.

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_  
 \_\_\_\_\_  
 Notary Pubic (*Written Signature*)

I reside in \_\_\_\_\_ County, \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Pubic (*Printed or Typed Name*)

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Bond number \_\_\_\_\_

**NOTICE OF TERMINATION OF LIABILITY**

COMPLIED     CANCELED    \_\_\_\_\_, 20 \_\_\_\_  
 DATE

Submit all 5 copies By: \_\_\_\_\_  
 PERMIT MANAGER

## **SECTION 31 : DRAWINGS AND INFORMATION REQUIRED FOR COMMERCIAL MAJOR & MINOR DRIVEWAY APPLICATIONS**

The pennit application should be accompanied by four (4) sets of clear drawings, no larger than 600mmX900mm (24"X36") in size, prepared by a registered professional engineer, a registered architect, and/or registered land surveyor showing the following information in detail :

1. Driveways and approaches including dimensions for width, length, angle of intersection radii, and any other measurements necessary to show the geometrics of driveway and approaches drawn to an engineers 1:200 or 1:500 scale (20 or 30 english scale).
2. A rate of slope or grade of pavement for approaches & driveways, and typical cross sections.
3. Type of approach and driveway pavement material (stone, concrete or bituminous pavement including depth of lifts).
4. Existing drainage patterns (including existing contours) and structures, including size and kind.
5. New drainage patterns, including the effect on downstream department facilities and private property, and structures including size, kind, invert pipe elevations, and inlet elevations.
6. A separate pavement marking plan showing all existing and proposed pavement markings with details of type, material, color, etc..
7. Width dimensions of highway right-of-way.
8. Width and type of highway pavement.
9. Highway right-of-way and property lines.
10. Development site plan showing parking, interior drives, buildings, and other improvements, including distance from right-of-way line to gasoline pumps.
11. The distance to and the design of all drives, intersecting roads, streets, railways, or crossovers within 150 m (500 feet) in each direction on both sides of the highway from the applicant's property lines drawn to engineer's 1:500 scale (50).
12. The posted speed limit on highway and all traffic control equipment serving the highway, including but not limited to signalization devices, lighting, pavement markings, guardrail, and sign structures.
13. Proposed treatment of right-of-way area adjacent to and between approaches.
14. Appropriate symbols such as north arrow, direction of lane travel and direction of drainage flow, and a legend defining .abbreviations and graphic representations of existing and new conditions, objects,,materials, etc.
15. A legal description of the property to!be served by the permit together with a legal . description of the adjoining land owned or controlled by the applicant.
16. Traffic control needed during work activity displaying necessary signs, barricades, detour signs, and warning devices shall be provided whenever work is to interfere with normal traffic. Traffic control must be in accordance with the Construction and Maintenance Section of the Indiana Manual on Uniform Traffic Control Devices.

***Failure to provide appropriate information will result in delays in processing and possible overdesign due to wrong assumptions)***

**CITY OF LOGANSPORT**  
**APPLICATION FOR CURB CUT AND/OR STREET CUT**

This application, with a diagram of where the street or curb is to be cut, must be signed and delivered to the Logansport Street Department, division of Public Works, located at 612 Race St., Logansport, IN.

The Logansport Board of Works must approve this application (before the work is done). The Board meets every Thursday morning at 9:00 in the Logansport City Council Chambers, located on the third floor of the City Building, 601 E. Broadway. Request received prior to 12:00 (noon) on Tuesday, will be on the agenda for discussion and/or approval the following Thursday.

**OWNER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**REASON FOR CUT** \_\_\_\_\_

**START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

**PRECISE LOCATION** \_\_\_\_\_

**Draw diagram (site plan) on a letter size (8.5 X 11) piece of paper where curb cut or street cut will be located.**

**Cut for driveway, etc. must be 5 ft. from property lines and 25 feet between curb cuts.**

## **Compliance with 327 IAC 15-5 General Permit for Construction/Land Disturbing Activities**

### **Applicability**

This Rule applies to all construction activities (includes clearing, grading, and excavating) that results in the disturbance of one (1) acre or more of land area.

Projects that are smaller than one acre may also be regulated by this Rule if it is determined that the project is part of a "larger common plan of development or sale. A "larger common plan of development or sale means a plan, undertaken by a single project site owner or a group of project site owners acting in concert, to offer lots for sale or lease; where such land is contiguous, or is known, designated, purchased or advertised as a common unit or by a common name, such land shall be presumed as being offered for sale or lease as part of a larger common plan. The term also includes phased or other construction activity by a single entity for its own use.

### **Step by Step Process for Compliance with 327 IAC 15-5**

If it is determined that the project is subject to 327 IAC 15-5, the project site owner is required to submit and implement specific items to comply with the general permit. Following are a list of steps that are required to ensure compliance.

#### **Step 1:**

**Develop a Construction Plan for the project site. A key element of the Plan Construction includes the Storm Water Pollution Prevention Plan.**

Construction Plan development should include a thorough site evaluation and assessment. Each project is unique and therefore requires careful planning to ensure the plan is developed to address the impact of the activities that are planned for the project and the characteristics of the project site.

327 IAC 15-5 requires specific information to be included in a Plan Construction. This information is contained within 327 IAC 15-5-6.5 and in the Indiana Department of Environmental Management (IDEM) guidance document entitled "Guidance Document for Plan Content". The guidance document not only includes the required elements, but a brief description of each element and what is expected to be in the plan.

Also available to assist with the development of the Construction Plan is the "Indiana Storm Water Quality Manual". It is also acceptable to use similar manuals and guidance documents that are available from other states and local governmental agencies. The "Indiana Storm Water Quality Manual" is available on-line at <http://www.in.gov/idem/4899.htm>.

#### **Step 2;**

**Submit the Construction Plan to the plan reviewing authority. In most situations, the plans are to be submitted to the Soil and Water Conservation District (SWCD) in which the activity is to occur.**

The reviewing authority has up to 28 days from the date of submittal to review the plan.

The project site owner should receive notification from the reviewing agency that the plan meets the minimum requirements of the Rule, the plan is deficient, or the plan will not be reviewed. If a

notice is not received, the project site owner or his/her representative should contact the reviewing agency to determine the status of the plan submittal.

If notice of a deficient plan is received, the plans must be revised to satisfy the deficiencies and resubmitted to the reviewing authority, at which time the 28-day review period starts over.

If the plan is deemed sufficient or a letter is received indicating that a formal plan review will not be completed for the project, the project site owner may proceed with submittal of the Notice of Intent.

IDEM has also designated individual communities (municipalities and/or counties) that are required to develop their own local storm water program. These entities are commonly referred to as Municipal Separate Storm Sewer Systems or MS4s. If the project lies within one of these jurisdictions, plan content must meet the local requirements in addition to the elements required by 327 IAC 15-5. The plan submittal should be directed to the local MS4 entity. Information on which communities have been designated to administer a local construction/land disturbance program can be obtained at <http://www.in.gov/idem/5429.htm>.

**Step 3:**

**Receive Construction Plan verification from reviewing authority. Modifications to the plan may be requested by the reviewing authority before approval is granted.**

**Step 4:**

**Submit a Notice of Intent (State Form 47487 (RS/10-05), Located on the IDEM Website) to the Indiana Department of Environmental Management (IDEM) a minimum of 48 hours prior to initiation of land disturbing activities. A copy of the Notice of Intent letter should also be submitted to the plan reviewing authority.**

A separate Notice of Intent letter is required for each submitted Construction Plan. The project site acreage identified in the Plan Construction must directly correspond to the acreage figures provided in the Notice of Intent letter.

The Notice of Intent must be completely filled out and include an original signature.

The Notice of Intent submittal must also include the following:

- Proof of Publication in a newspaper of general circulation in the area the project is to occur. A sample advertisement, that includes all required elements can be accessed on the IDEM website or on page two (2) of the Notice of Intent form.
- \$100 general permit filing fee made payable to the IDEM.
- Written verification from the plan review authority that the plan met the minimum requirements of the Rule or notification that the plan was not reviewed within the 28 day review period.

**Step 5:**

**Construction activities may commence forty eight (48) hours following submittal of the Notice of Intent.**

Construction activities may not begin prior to Construction Plan approval and submittal of a Notice of Intent letter. The project site owner must also notify IDEM and the reviewing authority of the actual start date within 48 hours of starting land disturbing activities.

**Step 6:**

**Implement the approved Construction Plan throughout the life of the project.**

It is the responsibility of the project site owner to implement the construction plan and storm water pollution prevention plan. In addition, it is critical that the site is monitored during the construction process and field modifications are made to address the discharge of sediment or other pollutants from the project site. This may require modification of the plan and/or field modification of storm water quality measures to prevent pollutants, including sediment, from leaving the project site. Communicate with the reviewing/inspecting authority, especially when significant changes are made.

**Step 7 :**

**Submit a Notice of Termination (State Form 51514 (R/01-04), Located on the IDEM Website),**

The project site owner must:

- Prepare a complete Notice of Termination, with all required supporting documentation.
- Submit the Notice of Termination to IDEM.
- IDEM will receive verification from the local reviewing authority (SWCD or other entity designated by IDEM) that the project meets the termination requirements as specified in 327 IAC 15-5.
- Once verified by the local reviewing authority, IDEM will issue a final determination for termination of the project.

In an effort to expedite project termination, the project site owner may include verification from the local plan review authority with the submittal of the Notice of Termination.

Eligibility to terminate a Rule 5 permit is based on the following criteria:

- All land disturbing activities, including construction on all building lots have been completed and the entire site has been stabilized.
- All temporary erosion and sediment control measures have been removed.

**Agency Information**

- Storm Water Program Website:

**<http://www.IN.gov/idem/4896.htm>**



# RULE 5 - NOTICE OF INTENT (NOI)

Slare Form 47487 (R5 / 10-05)  
Indiana Department of Environmental Management  
Office of Water Quality  
Approved by State Board of Accounts, 2005

Type of Submittal (Check Appropriate Box): <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Renewal
Permit Number:
<i>(Note: The initial submittal does not require a permit number; the Department will assign a number. A permit number is required when filing an amendment, applying for renewal, or correspondence related to this permit.)</i>

Note: Submission of this Notice of Intent letter constitutes notice that the project site owner is applying for coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit Rule for Storm Water Discharges Associated with Construction Activity. Permitted project site owners are required to comply with all terms and conditions of the General Permit Rule 327 /AC 15-5 (Rule 5).

Project Name and Location				
Project Name:	County:			
Brief Description of Project Location:				
Project Location: Describe location in Latitude and Longitude (Degrees, Minutes, and Seconds or Decimal representation) <b>and</b> by legal description (Section, Township, and Range, Civil Township)				
Latitude:	Longitude:			
Quarter:	Section:	Township:	Range:	Civil Township:
Does <input type="checkbox"/> all or <input type="checkbox"/> part of this project lie within the jurisdictional boundaries of a Municipal Separate Storm Sewer System (MS4) as defined in 327 IAC 15-13? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name the MS4(s):				

### Project Site Owner and Project Contact Information

Company Name (If Applicable):		
Project Site Owner's Name: (An Individual)	Title/Position:	
Address:		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)
Ownership Status (check one): Governmental Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Local    Non-Governmental: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other: (Explain)		
Contact Person:	Company Name: (If Applicable)	
Affiliation to Project Site Owner:		
Address: (if different from above)		
City:	State:	ZIP Code:
Phone:	FAX:	E-Mail Address: (If Available)

### Project Information

Project Description: <input checked="" type="checkbox"/> Residential-Single Family <input type="checkbox"/> Residential-Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: (Explain)
Name of Receiving Water:  <i>(Note: If applicable, name of municipal operator of storm sewer and the ultimate receiving water. If a retention pond is present on the property, the name of the nearest possible receiving water receiving discharge must be provided).</i>
Project Acreage: Total Acreage:                      Proposed Land Disturbance: (in acres) Total Impervious Surface Area: (in square feet, estimated for completed project)
Project Duration: Estimated Start Date:                      Estimated End Date for all Land Disturbing Activity:

(Continued on Reverse Side)

Construction Plan Certification

By signing this Notice of Intent letter I certify the following:

- A. The storm water quality measures included in the Construction Plan meet the requirements of 327 IAC 15-5-6.5, 327 IAC 15-5-7, and 327 IAC 15-5-7.5;
- B. the storm water pollution prevention plan complies with all applicable federal, state, and local storm water requirements;
- C. the measures required under 327 IAC 15-5-7 and 327 IAC 15-5-7.5 will be implemented in accordance with the storm water pollution prevention plan;
- D. if the projected land disturbance is One (1) acre or more, the applicable Soil and Water Conservation District or other entity designated by the Department, has been sent a copy of the Construction Plan for review;
- E. storm water quality measures beyond those specified in the storm water pollution prevention plan will be implemented during the life of the permit if necessary to comply with 327 IAC 15-5-7; and
- F. implementation of storm water quality measures will be inspected by trained individuals.

In addition to this form, I have enclosed the following required information:

- D Verification by the reviewing agency of acceptance of the Construction Plan.
- D Proof of publication in a newspaper of general circulation in the affected area that notified the public that a construction activity is to commence, including all required elements contained in 327 IAC 15-5-5 (9). The Proof of Publication **Must** include company name and address, project name, address/location of the project, and the receiving stream to which storm water will be discharged. Following is a sample Proof of Publication:

*XERT Development Inc. (10 Willow Lane, Indianapolis, Indiana 46206) is submitting a Notice of Intent to the Indiana Department of Environmental Management of our intent to comply with the requirements of 327 IAC 15-5 to discharge storm water from construction activities associated with Water Garden Estates located at 24 Washout Lane, Indianapolis, Indiana 46206. Runoff from the project site will discharge to the White River. Questions or comments regarding this project should be directed to Walter Water of XERT Development Inc."*

- D \$100 check or money order payable to the Indiana Department of Environmental Management. A permit fee is required for all NOI submittals (initial and renewal). A fee is not required for amendments.

Project Site Owner Responsibility Statement

By signing this Notice of Intent letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information or violating the provisions of 327 IAC 15-5, including the possibility of fine and imprisonment for knowing violations.

Printed Name of Project Owner: \_\_\_\_\_

Signature of Project Owner: \_\_\_\_\_ Date: \_\_\_\_\_

This Notice of Intent must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(9). All NOI submittals must include an original signature (FAX and photocopies are not acceptable).

*Note: Within 48 hours of the initiation of construction activity, the project site owner must notify the appropriate plan review agency and IDEM, Office of Water Quality of the actual project start date if it varies from the date provided above.*

*Note: A permit issued under 327 IAC 15-5 is granted by the commissioner for a period of five (5) years from the date coverage commences. Once the five (5) year permit term duration is reached, a general permit issued under this rule will be considered expired, and as necessary for construction activity continuation, a new Notice of Intent Letter (Renewal) is required to be submitted ninety (90) days prior to the termination of coverage. The submittal must include the NOI Letter, Proof of Publication Fee, and verification that the plan for the project was approved (original verification of plan approval is acceptable provided the scope of the project has not changed from the original submittal).*

Mail this form to: Indiana Department of Environmental Management  
Cashiers Office • Mail Code 50-10C  
100 North Senate Avenue  
Indianapolis, IN 46204-2251

327 IAC 15-5-6 (a) also requires a copy of the completed Notice of Intent letter be submitted to the local Soil and Water Conservation District or other entity designated by the Department, where the land disturbing activity is to occur.

Questions regarding the development or implementation of the Construction Plan/Storm Water Pollution Prevention Plan should be directed to the local county Soil and Water Conservation District (SWCD). If you are unable to reach the SWCD or have other questions please direct those inquiries to the IDEM Rule 5 Coordinator at 317/233- 1864 or 800/451-6027 ext.3-1864.  
For information and forms visit: [http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule\\_5.html](http://www.in.gov/idem/permits/water/wastewater/wetwthr/storm/rule_5.html)



**RULE 5- NOTICE OF TERMINATION (NOT)**

State Form 51514 (R2/4-10)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 OFFICE OF WATER QUALITY

For questions regarding the requirements for project termination or completion of this form, contact;

Indiana Department of Environmental Management  
 Storm Water, Permits Coordinator  
 100 North Senate Avenue  
 MC 65-42, Room 1255  
 Indianapolis, Indiana 46204-2251  
 Telephone (317) 233-1864 or  
 (800) 451-6027 (within Indiana), ext. 31864  
 Web Access: <http://www.IN.gov/idem/4902.htm>

Note: Submission of this Notice of Termination letter is a certification by the project site owner that the project meets the requirements and conditions of the General Permit Rule 327 IAC 15-5 (Rule 5, S/01111 Water Discharges Associated with Construction Activity) for termination of permit coverage under the National Pollutant Discharge Elimination System (NPDES).

**PROJECT NAME AND LOCATION****Permit number**

(Note: Permit numbers were assigned to projects beginning in November of 2003. Therefore, a permit number is only applicable for those projects that began or were renewed on or after November of 2003).

Project name

County

(Note: Provide the project name as it appears on the active "Notice of Intent")

Company name

Project site owner's name (an individual)

Address (number and street)

City

State

ZIP code

Telephone

FAX

E-mail address (if available)

**THIS "NOTICE OF TERMINATION" IS BEING SUBMITTED FOR THE FOLLOWING**

To be eligible for termination, specific criteria must be met. There are three options for which a project may be considered for termination. These options include:

- Option# 1 Certification for change of ownership;
- Option# 2 Certification for termination of construction activities (327 IAC 15-8); and,
- Option# 3 Notice of termination to obtain early release from compliance with 327 IAC 15-5 (327 IAC 15-8).

Select one of the three options that apply to "Permit Termination" by checking the appropriate box, complete all information associated with that option, include required attachments (where applicable), and complete the "Project Site Owner Responsibility Statement" on page 2 of this form.

**D Option # 1 Certification for change of ownership**

This option does not apply to the sale of individual lots within the permitted acreage; only the sale of the entire project site as originally permitted. The agency may accept termination for entire sections or phases of a project that are sold. To determine if a project is eligible, please contact the IDEM Storm Water Permits Coordinator.

By signing this "Notice of Termination" I certify the following:

- A. The project was sold; I am no longer the project site owner as was designated in my "Notice of Intent". The new owner of the project site is:

Company name (If applicable)

Project site owner's name (An individual)

Address (number and street)

City

State

ZIP code

Telephone number

FAX

E-mail Address (If available)

- B. I have notified the new project site owner of his/her responsibilities to comply with 327 IAC 15-5 and the requirements associated with the rule including filing a new "Notice of Intent":

**D Option# 2 Certification for termination of construction activities**

By signing this "Notice of Termination" I certify the following:

- A. All land disturbing activities, including construction on all building lots, have been completed and the entire site has been stabilized;
- B. All temporary erosion and sediment control measures have been removed; and
- C. No future land disturbing activities will occur at the project site.

(Continued on reverse side)

**D Option # 3 "Notice of Termination" to obtain early release from compliance with 327 IAC 15-5**

By signing this "Notice of Termination," I certify the following:

- A. The remaining, undeveloped acreage does not exceed five (5) acres, with contiguous areas not to exceed one (1) acre.
- B. A map of the project site, clearly identifying all remaining undeveloped lots, is attached to this letter. The map must be accompanied by a list of names and addresses of individual lot owners or individual lot operators of all undeveloped lots.
- C. All public and common improvements, including infrastructure, have been completed and permanently stabilized and have been transferred to the appropriate local entity.
- D. The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality.
- E. All permanent stormwater quality measures have been implemented and are operational.

Upon written notification to the department the project site owner certifies that he/she will:

- A. Notify all current individual lot owners and all subsequent lot owners of the remaining undeveloped acreage and acreage with construction activity that they are responsible for complying with section 7.5 of 327 IAC 15-5. The notice must inform the individual lot owners of the requirements to:
  - (1) install and maintain appropriate measures to prevent sediment from leaving the individual building lot; and
  - (2) maintain all erosion and sediment control measures that are to remain on-site as part of the construction plan.

**PROJECT SITE OWNER RESPONSIBILITY STATEMENT**

By signing this "Notice of Termination" letter, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of project site owner \_\_\_\_\_

Signature of project site owner \_\_\_\_\_ Date \_\_\_\_\_

*This "Notice of Termination" must be signed by an individual meeting the signatory requirements in 327 IAC 15-4-3(g).*

**SUBMITTAL OF THE "NOTICE OF TERMINATION"**

*Please submit the completed "Notice of Termination" to the Indiana Department of Environmental Management (IDEM). A copy of the "Notice of Termination" is required to also be submitted to the Soil and Water Conservation District (SWCD) or a Municipal Separate Storm Sewer System (MS4). The appropriate entity will typically be the agency that reviewed the construction/stormwater pollution prevention plan associated with the project. The "Notice of Termination" shall be mailed to the IDEM at:*

**Indiana Department of Environmental Management  
Storm Water Permits Coordinator  
100 North Senate Avenue  
Mail Code 65-42, Room 1255  
Indianapolis, IN 46204-2251**

Additional considerations

*It is not required by 327 IAC 15-5 that the termination is verified prior to submittal, however the SWCD or MS4, as the plan review agency, may elect to field verify project completion prior to the "Notice of Termination" submittal. Several MS4s require (by local ordinance) approval of all terminations prior to submitting the "Notice of Termination" to IDEM. Failure to submit this document to an MS4 that has adopted this provision may be a violation of the local MS4 ordinance.*

*If the agency participates, submit the completed Notice of Termination form to the SWCD or MS4. The request for termination will be reviewed for concurrence and either returned to the project site owner for submittal to IDEM or forwarded to IDEM on behalf of the project site owner.*

**FOR AGENCY USE ONLY (FIELD VERIFICATION OF TERMINATION)**

The SWCD, an MS4 entity, or the Indiana Department of Environmental Management may inspect the project site to evaluate the adequacy of the remaining stormwater quality measures and compliance with the Notice of Termination (NOT) requirements. If the inspecting entity finds that the project site owner has met the requirements of 327 IAC 15-5, the entity may elect to sign off on the project. It is the responsibility of the project site owner to file the NOT with the Indiana Department of Environmental Management.

**O Accepted** The site referenced above has been inspected and it has been determined that the request to terminate this project is compliant with the requirements of 327 IAC 15-5. This form must be submitted to the IDEM for final processing.

**D Denied** The site referenced above has been inspected and it has been determined that the request to terminate this project is not compliant with the requirements of 327 IAC 15-5. Continue to implement the Storm Water Pollution Prevention Plan and take appropriate measures to minimize the discharge of pollutants.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Agency \_\_\_\_\_

Date (month, day, year) \_\_\_\_\_

## **Project Termination Assessment**

Termination of a project may be granted when the conditions listed under one of the options below have been met.

### **Option 1**

#### **Change in Ownership:**

- D** A project is sold to another party and meets the following conditions.
- A request to terminate does not apply to the sale of individual lots within the permitted acreage. Termination will only be granted upon sale of the entire project area as originally permitted. Acreage/project boundaries are required to match the original NOI submittal.

### **Option 2**

#### **Certification for Termination of Construction Activity (*All conditions below must be met to qualify for termination*):**

- O** All land disturbing activities, including construction on individual building lots have been completed and the entire site is stable (*Field Assessment*).  
*Guidance: All permanent storm water quality measures identified in the plan have been implemented and are operational.*
- D** No future land disturbing activities are planned for the site (*Field Assessment*).  
*Guidance: This applies to the area of land that was permitted. A site may have additional phases active or planned; however these are either under another permit or planned to be filed for separately.*
- O** All temporary erosion and sediment control measures have been removed (*Field Assessment*).

### **Option 3**

#### **Early Release (*All conditions below must be met to qualify for termination*):**

- D** Remaining undeveloped acreage does not exceed five (5) acres, with contiguous areas not exceeding one (1) acre (*Field Assessment*).
- D** Applicant encloses a map of the project site that clearly identifies all remaining undeveloped lots. The map must be accompanied by a list names and addresses of individual lot owners or lot operators of all undeveloped lots.
- D** All public and common improvements, including infrastructure, have been completed and permanently stabilized (*Field Assessment*) and transferred to the appropriate local entity.
- D** The remaining acreage does not pose a significant threat to the integrity of the infrastructure, adjacent properties, or water quality (*Field Assessment*).
- D** All permanent storm water quality measures have been implemented and are operational (*Field Assessment*).

**CITY OF LOGANSPORT  
APPLICATION FOR CONTRACTOR'S REGISTRATION**

Date \_\_\_\_\_ Contractor Specialty/Type \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**OFFICE USE ONLY**



Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ By \_\_\_\_\_

Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

Contractor Type:  Electrician  Plumber  General  HVAC  Other \_\_\_\_\_

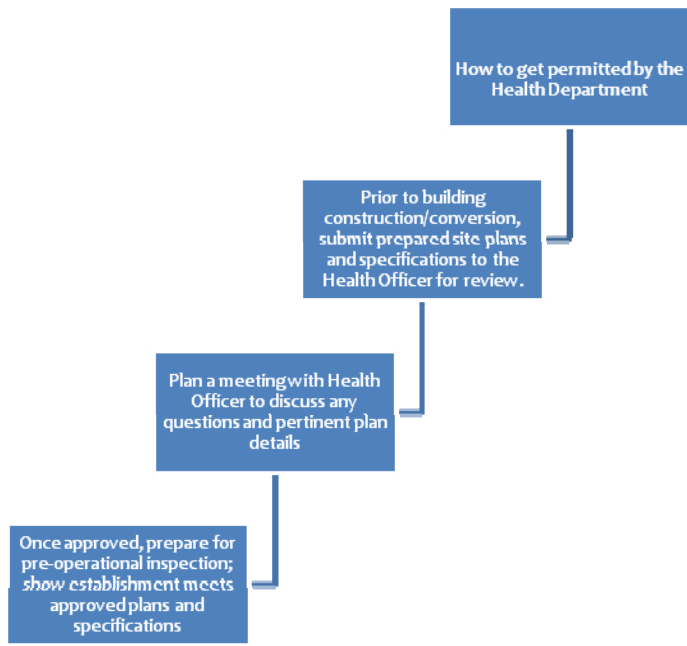
Certificate of Insurance Provided \_\_\_ Yes \_\_\_ No Expiration Dates \_\_\_\_\_

Plumbers Only: Enclose a copy of your current State of Indiana Plumbing License.  
Plumbing License# \_\_\_\_\_ Exp. \_\_\_\_\_

Food Permitting: The Cass County Health Department requires any non-tax exempt establishment to be permitted by their office prior to serving the public. The permit fees range from \$50-\$100 and must be renewed on a yearly basis.



- A Retail Food Establishment stores, prepares, serves, vends, and provides food for human consumption. Examples include a restaurant, catered feeding location, market, grocery store, food bank.
- Bed and Breakfast is a site that is owner occupied and provides sleeping accommodations to the public.
- A Temporary Food Establishment is a retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event.



Once permitted the Health Officer will inspect your establishment once every six months. Further information may be obtained from the Chief Food Specialist.

**Chief Foods Specialist – Cass County Health Department**  
**512 High Street – Logansport**  
**(574) 753-7760**



# APPLICATION FOR PLAN REVIEW

State Form 50033 (R2/6-05)  
Indiana State Department of Health  
Food Protection Program

Please complete the following, as is applicable to the retail food establishment.

**Owner/Corporation Information:**

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____ _____

**Engineer/Architect Information:**

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____ _____

**Establishment Information:**

(Check one) _____ New Construction    _____ Existing/Remodel    Project #: _____
Establishment Name: _____
Contact Person: _____ Title: _____
Establishment Telephone #: _____ Contact Person Telephone #: _____
Establishment Mailing Address: _____
Establishment Street Address: _____
Projected Date for Start of Project: _____
Projected Date for Completion of Project: _____
Hours of Operation: _____ Days of Operation: _____

**Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:**

(Please check items submitted for review)
_____ Proposed menu (including seasonal, off-site and banquet menus).
_____ Anticipated volume of food to be stored, prepared, and sold or served.
_____ Proposed layout, mechanical schematics, construction materials, and finish schedules.
_____ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
_____ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
_____ Plan review questionnaire completed and submitted to the regulatory authority.
<b>Note:</b> Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

**Additional Information:**

<b>Comments:</b> _____ _____ _____ _____
---------------------------------------------------

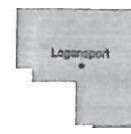
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Relationship to Project

\_\_\_\_\_  
Date Signed

**Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.**

**Cass County Health Department**  
**Food Permits**  
**512 High St.**  
**Logansport, IN 46947-1580**



**Application For A Permit To Operate**  
**A Retail Food Establishment**

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-22, 7-24, and Cass County Retail Food Establishment Ordinance 2004-01 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Cass County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit.

***THIS PERMIT IS NOT TRANSFERABLE!***

Any change of owner or operator requires a new permit. All permits expire December 31<sup>st</sup> of each year.

You must fill out this form completely and accurately. Return the signed original form and the proper fee of \$100.00 for all establishments except \$50.00 for convenience stores selling only pre-packaged foods to the Cass County Health Department. Submitting this application does not guarantee a permit will be issued. Late Fee: \$50.00. Any changes in the information provided must be reported to the health department.

**Name of Establishment:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name.

**Location of Establishment:** \_\_\_\_\_

The physical location of the establishment. This may not be the same as the mailing address.

**Establishment Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the local operator or manager may be reached.

**E-Mail Address:** \_\_\_\_\_

If the operator or manager has an e-mail address, show it here.

**Business Operator's Name:** \_\_\_\_\_

The person or corporation which owns the business. In a small business this may be the same as manager.

**On-Site Manager's Name:** \_\_\_\_\_

The person responsible for the daily operation and is available at the business.

**Building Owner's Name:** \_\_\_\_\_

The company which owns the physical structure which houses the business.

**Certified Food Handler:** \_\_\_\_\_

The name of the person who has passed an Indiana approved certification exam.

**Type of Certification :** \_\_\_\_\_

Options include: ServSafe (NRAEF), Certified Professional Food Manager (Experi), or Certified Food Safety Manager (NRFSP)

**Business Telephone:** \_\_\_\_\_

The number which rings at the local business.

**Emergency Telephone:** \_\_\_\_\_

Number which will reach some one in authority in case of an emergency when business is closed.

(Continue on next page)

**Menu (if new or changed business):** \_\_\_\_\_

Indicate specific major menu items if food is prepared and served, or menu *changes* in the past year.

**Establishment's Daily Opening & Closing Times:**

Show the actual opening and closing times for the business. Be exact!

Sun:..... Mon:..... Tue: \_ \_ \_ \_ Wed:.....  
u Fri: \_ \_ \_ \_ Sat:

**Public Water Supply: \_Yes \_No Public Sewage Disposal: \_Yes \_No**

If the business is served by a public utility, mark "yes". If private well or sewage disposal, mark "no".

**"Smoke Free" Establishment Yes \_No**

Has this business set a no smoking policy to protect the health of customers and employees as advised by the Cass County Board of Health?

**Is There Off-Site Catering From This Location? \_Yes \_No**

**(If Yes, Is Proper Equipment Available For Safe Food Handling, Transport, And Handwashing When Required? \_Yes \_No)**

**Signature: \_\_\_\_\_ Title: \_\_\_\_\_**

The person who fills out the application needs to sign it, plus title.

**Print Name: \_\_\_\_\_ Date: \_\_\_\_\_**

***Do not write below this line. For Official Use Only.***

€ Food Handling Establishment Menu Type: I 2 3 4 5	€ Non Food Handling Establishment
-------------------------------------------------------	-----------------------------------

Est. ID# _____	Receipt Number: _ _ _ _ _
Payment Received: \$ _ _ _ _ _	File Date: _____
Date Issued: _ _ _ _ _	Date Expires: _ _ _ _ _



**Cass County Health Department**  
**Food Permits**  
**512 High St.**  
**Logansport, IN 46947-1580**



**Application For Permit To Operate**  
**A Temporary Retail Food Establishment**

Application is hereby made for a permit to operate a TEMPORARY food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-20, and Cass County Retail Food Establishment Ordinance 2004-01. It is further agreed that the establishment shall be open to inspection daily by agents of the Cass County Health Department. ***THIS PERMIT IS NOT TRANSFERABLE!*** It is issued only to the person named on the permit. You must fill out this form completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE of \$20.00 per each day** of the intended operation (up to a maximum of \$100.00 per event) must be returned to the Cass County Health Department **NOT LESS THAN FIFTEEN (15) DAYS PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.**

Non-profit organizations are exempt from the permit fee and inspection requirements with proof of non-profit status.

**Vendor's Business Name:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name. If individual, use individual name.

**Complete Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the vendor may be reached.

**Business Telephone:** \_\_\_\_\_

Number which will reach someone responsible for the business.

**Operator's Name:** \_\_\_\_\_

The person who owns the temporary business. In a small business this may be the same as manager.

**Person-in-Charge:** \_\_\_\_\_

The person responsible for the on-site operation and is available on-site during the operation.

**Name Of Event:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Menu (Food) To Be Served (be complete!):** \_\_\_\_\_

**Location Of Event (Directions) :** \_\_\_\_\_

**Location Of Food Preparation:** on-site other location... **Start time of event.** \_\_\_\_

**If other , specify the food source:** \_\_\_\_\_

All food served must come from an inspected and approved source.

**How Will You Dispose Of Waste Water?** holding tanks public utility

**Certified Food Handler** \_\_\_\_\_

(Send a copy of their certificate with this application. **Without this certification, permits will not be issued**)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The person who fills out the application needs to sign it.

**Do Not Write Below This Line. For Official Use Only.**

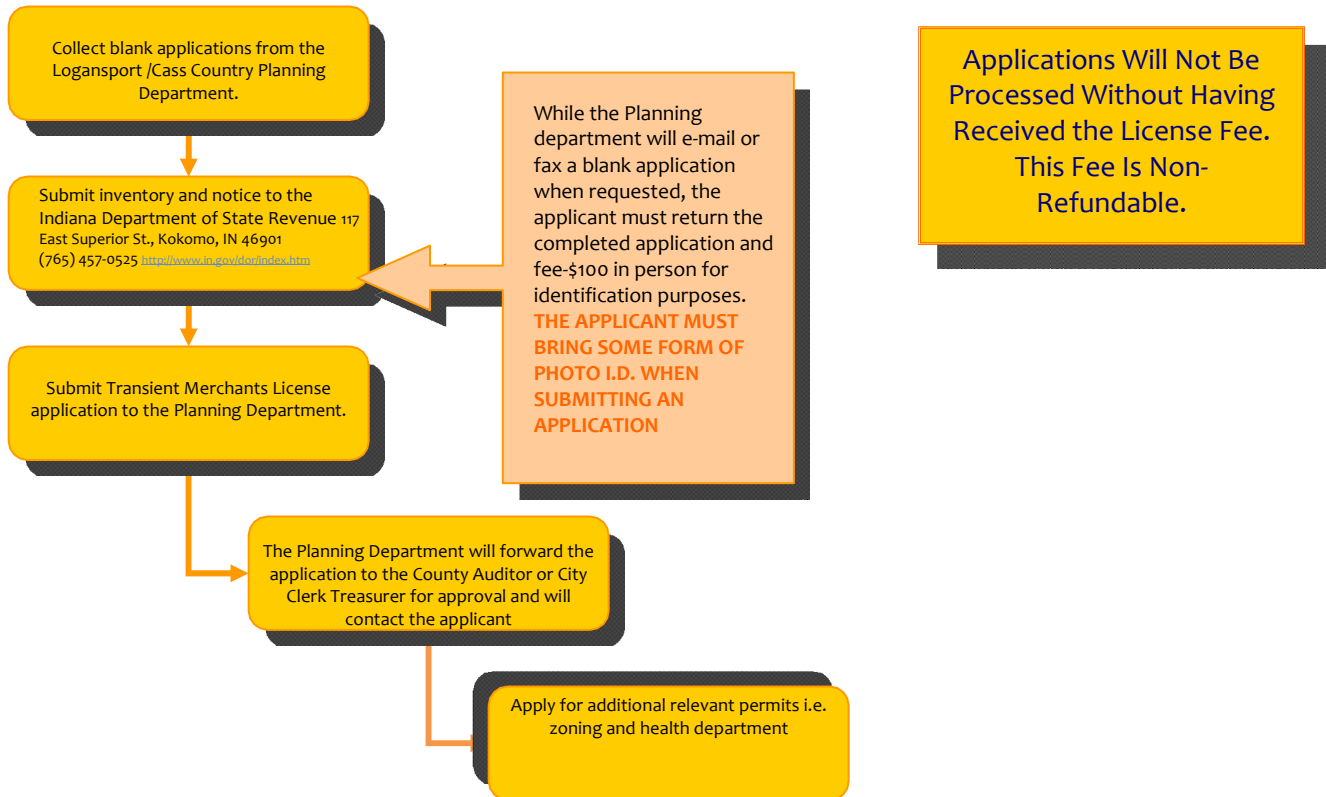
Vendor ID Number: _____	Date Filed: _____
Payment Received: _____	Date Issued: _____
Receipt Number : _____	Date Expires: _____

## TRANSIENT MERCHANT LICENSE/PERMIT APPROVAL PROCESS

### When Is A License Required?

Any person, firm or corporation who transacts any temporary or transient business in Cass County or Logansport, offering for sale goods, wares, or merchandise, requires a Transient Merchant License.

A license is not required for agricultural or craft grown/made by the seller; licensed auctioneer; A resident of Cass County/Logansport who conducts a sale of tangible personal property for no more than four days per calendar year; an organization that is exempt from the state gross retail tax; a person who: organizes; sells merchandise; offers to sell merchandise; or exhibits at a trade show, public show, or convention; and any merchant with permanent locations within the County or City, that operates a temporary sales facility in a parking lot, vacant lot, tent, building or other facility or location that is not the property of the person or entity conducting the temporary sale.



You will need to provide:

- Your name, age, address and phone number
- The name and address of the business
- Address where the sales will take place
- A description of what is being sold
- The date the sales will start and the hours that sales will take place
- A description of the vehicle being used, license plate number and operator's driver license number
- A list of other cities you have done business in during the last year

What to bring with you:

- A. A Temporary Use zoning permit may be required depending on the nature of the business ( Contact the Zoning Administrator, 574-753-4023)
- B. A Cass County Health Department permits may be required depending on the nature of the business

- C. County License fee of \$100.00
- D. A copy of your Indiana sales tax license
- E. A copy of your food establishment license—if you are selling food
- F. Two photographs of a size not smaller than two inches by one and a half inches.
- G. A copy of a notice which ten days before the application has been filed shall have been mailed by registered mail by the applicant to the Indiana Department of State Revenue. The said notice shall state the precise period of time and location from which said applicant intends to transact business and the approximate value of the goods, wares and merchandise to be offered for sale
- H. Surety Bond of \$750 or three times the value of the goods, wares, and merchandise to be offered for sale or sold as shown by the inventory filed, whichever sum is greater.

## ORDINANCE 2006-05

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### **ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF LOGANSPORT, INDIANA AMENDING ORDINANCE 97-25 IN ITS ENTIRETY CONCERNING TRANSIENT MERCHANTS IN THE CITY OF LOGANSPORT)**

#### **SECTION 1: DEFINITION OF TRANSIENT MERCHANT**

Transient merchant means all persons, firms, or corporations, both as principals and agents, who engage in, do, or transact any temporary or transient business in the City of Logansport, either in one place or in traveling from door to door offering for sale or selling goods, wares, or merchandise, including those who for the purpose of carrying on such business hire, lease, or occupy any permanent or mobile building, vehicle, or structure for the exhibitions or sale of goods, wares, or merchandise.

#### **SECTION 2: LICENSING OF TRANSIENT MERCHANTS**

- (A) License Required. It shall be unlawful for any transient merchant to engage in or transact any business in the sale of goods, wares, or merchandise of any and every kind, character, or description *in* the City of Logansport without having first obtained a license as provided in this ordinance.
1. Each individual person, sales representative or solicitor going door to door shall have a license in their own name and pay the \$16.01 transient merchant license fee;
- (B) License Application. Any transient merchant desiring to transact business in the City of Logansport shall file an application with the City Clerk-Treasurer containing the following information:
1. Name of applicant.
  2. Permanent address and telephone number.
  3. Local address and telephone number, if any.
  4. Social Security number.
  5. Date and place of birth.
  6. Goods, wares, or merchandise to be sold.
  7. Name and address of employer.
  8. Name and address of immediate supervisor.
  9. Period of time the license is desired.

- (C) License Fee: The fee for a merchant's license is \$100.00 per day; which shall be paid into the general fund.
- (D) Issuance of License. After an applicant has established that he/she has fully complied with this ordinance, the City Clerk-Treasurer shall issue a non-transferable license authorizing the applicant to transact business as proposed in the application. The license shall contain the following information:
1. Name of licensee.
  2. Period of the license.
  3. The amount paid for the license
  4. The date the license was issued.

### **SECTION 3: DOOR-TO-DOOR SOLICITATION**

It shall be a violation of this ordinance for any transient merchant to call upon any private residence prior to 8:00 a.m. or after 8:00 p.m. without having been previously invited upon the premises by the owner or occupant.

### **SECTION 4: THE TERMS OF THIS ORDINANCE SHALL NOT APPLY TO:**

- (A) Persons who deliver previously ordered goods, wares, or merchandise.
- (B) Sales made to commercial establishments by salesmen in the usual course of their business.
- (C) Those to solicit charitable contributions on behalf of organizations exempt from tax under Internal Revenue Code Section 501 (c).
- (D) Sales at annual festivals, fairs, and similar events, provided that the activities of the transient merchant are limited to areas designated for the festival, fair, or similar event.
- (E) The sale of produce grown by the transient merchant.
- (F) The sale of goods handcrafted by the transient merchant
- (G) Garage sales.

**SECTION 5: PENAL TIES**

Whoever violates the terms of this ordinance shall be fined the sum of \$150.00 with each day that a violation continues considered to be a separate offense. In addition, the City may take such civil action as provided by law, including but not limited to injunctive relief or abatement of a nuisance.

**SECTION 6: REPEAL**

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.

**SECTION 7: EFFECTIVE DATE**

This ordinance shall be in full force and effect from and after its passage by the Common Council and approval by the Mayor of the City of Logansport, Indiana.

**INTRODUCED, FILED AND APPROVED** on first reading by a vote of 11 in favor and 0 opposed on the 11th day of July, 2006.

**DULY PASSED, ORDAINED AND ADOPTED** this 4 day of July, 2006 by the Common Council of the City of Logansport, Cass County, Indiana by a vote of 11 in favor and 0 opposed.

Common Council of the City of  
Logansport, Indiana

By: C. Hastings  
Charles Hastings, President

E. Bland  
Ellen Bland, Clerk-Treasurer

Submitted to, approved by and signed by me, the Mayor of the City of Logansport, Indiana this 4 day of July, 2006.

Michael E. Fincher  
Michael E. Fincher, Mayor

**CASS COUNTY, INDIANA  
APPLICATION FOR TRANSIENT MERCHANT LICENSE**

**\*\* Application Must Be Made in Person \*\***  
\$100.00 Transient Merchant Fee

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LOCAL ADDRESS (from which sales will be made) \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER OR BUSINESS IDENTIFICATION NUMBER \_\_\_\_\_

PHYSICAL DESCRIPTION OF APPLICANT:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Hair Color \_\_\_\_\_ Race \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

DESCRIBE THE NATURE OF BUSINESS (structures or real estate to be used)  
\_\_\_\_\_

DESCRIPTION OF GOODS TO BE SOLD (samples, catalogues or photographs)  
\_\_\_\_\_

Attached to the application a receipt showing that personal property taxes on the goods, wares and merchandise to be offered for sale or sold have been paid.

DATES BUSINESS WILL BE CONDUCTED \_\_\_\_\_

HOURS BUSINESS WILL BE CONDUCTED \_\_\_\_\_

SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD OR ORDERS TAKEN FOR THE SALE THEREOF (name and address of supplier) \_\_\_\_\_

PROPOSED METHOD OF DELIVERY \_\_\_\_\_

LAST THREE (3) CITIES, TOWNS OR COUNTIES WHERE BUSINESS WAS CONDUCTED \_\_\_\_\_

VEHICLE(S) TO BE USED FOR SALES OR SOLICITATIONS

Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_

State of Issuance \_\_\_\_\_ Color \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE, OTHER THAN TRAFFIC VIOLATIONS? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN (including jurisdiction or agency)  
\_\_\_\_\_

**CASS COUNTY, INDIANA**  
**APPLICATION FOR TRANSIENT MERCHANT LICENSE**  
**Page 2**

IF THE APPLICANT IS A CORPORATION

DATE OF INCORPORATION \_\_\_\_\_ STATE OF INCORPORATION \_\_\_\_\_ IF OUTSIDE OF THE STATE OF INDIANA DATE ON WHICH THE CORPORATION QUALIFIED TO TRANSACT BUSINESS AS A FOREIGN CORPORATION IN THE STATE OF INDIANA \_\_\_\_\_.

INSTRUCTIONS TO APPLICANT

1. The City of Logansport Transient Merchants permit is required in addition to this license to transact business within the City of Logansport
2. A zoning permit may be required depending on the nature of the business
3. Cass County Health Department permits may be required depending on the nature of the business
4. Attach two photographs of a size not smaller than two inches by one and a half inches.
5. Attached to the application a copy of a notice, which ten days before this application has been filed, shall have been mailed by registered mail by the applicant to the Indiana Department of State Revenue. The said notice shall state the precise period of time and location from which said applicant intends to transact business, the approximate value of the goods, wares and merchandise to be offered for sale.
6. Display license on person at all times while engaged in selling or soliciting and when so requested by a public officer or a private person with whom the registrant is or is attempting to conduct business, produce and show such person or officer the license.

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

License # \_\_\_\_\_

Identification Verified?    Yes \_\_\_\_\_    No \_\_\_\_\_

Photographs attached?    Yes \_\_\_\_\_    No \_\_\_\_\_ (One of the photographs shall be attached to the license certificate issued to the licensee and the other shall be retained in the Office of the Cass County Auditor.)

Notice to the Indiana Department of State Revenue attached?    Yes \_\_\_\_\_    No \_\_\_\_\_

Date license to expire 6 monthd from date of approval

Collect application fee \_\_\_\_\_ (prior to approving license)

Determine and collect Surety Bond \_\_\_\_\_ (At the time of filing, the applicant shall file and deposit with the County Auditor a bond with sureties to be approved by the County Auditor in the penal sum of **\$750 or three times the value of the goods, wares, and merchandise to be offered for sale or sold as shown by the inventory filed**, whichever sum is greater, running to the county)

Notify zoning and health department and City of Logansport clerk treasurer if applicable

I, the undersigned, declare that this application for a transient merchant license and all applicable fees has complied with all prerequisites for issuance of the license.

APPROVED BY \_\_\_\_\_ Cass County Auditor

This License expires on \_\_\_\_\_



LICENSE APPLICATION FOR TRANSIENT MERCHANT

- 1) NAME OF APPLICANT \_\_\_\_\_
- 2) PERMANENT ADDRESS \_\_\_\_\_
- 3) LOCAL ADDRESS \_\_\_\_\_
- 4) TELEPHONE NUMBER. \_\_\_\_\_
- 5) SOCIAL SECURITY NUMBER \_\_\_\_\_
- 6) DATE AND PLACE OF BIRTH \_\_\_\_\_
- 7) GOODS, WARES, OR MERCHANDISE TO BE SOLD \_\_\_\_\_
- 8) NAME OF EMPLOYER. \_\_\_\_\_
- 9) ADDRESS OF EMPLOYER. \_\_\_\_\_
- 10) NAME OF IMMEDIATE SUPERVISOR \_\_\_\_\_
- 11) ADDRESS OF IMMEDIATE SUPERVISOR \_\_\_\_\_
- 12) PERIOD OF TIME THE LICENSE IS DESIRED \_\_\_\_\_

LICENSE FEE IS \$100.00 PER DAY PER PERSON

\*\*\*\*\*TAKE COPY OF DRIVER'S LICENSE

## MISCELLANEOUS PERMITS

### Change of Occupants:

A new Certificate of Occupancy is required when there is a change in the tenant or use of the building, even if there is no construction. This applies to both residential and non-residential buildings, but does not apply to multiple family (apartment) buildings.

### Demolition Permit:

Required before work begins to demolish all or a portion of a structure (final inspection also serves as notification to remove the structure from the tax rolls).

### Temporary Use Permit:

Required to conduct uses such as a carnival or fair.

### Home Occupation Permit:

Required to conduct a home based business

### Signage Permit:

Required to install signage

### Mobile Home permit:

This permit is from moving transferring title of a mobile home. Permitting is through County Treasurer's Office. If destroying, contact County Assessor's Office.

### Floodplain Analysis & Regulatory Assessment (FARA)

This assessment is through the DNR to determine your elevations for floodplain determination.

### Permits through City Clerk Treasurer's Office

- Entertainment License
- Taxi Service Registration
- Restaurant Business License
  - License and fee requirements are located in the City Clerk Treasurer's Office. No application required.

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

### Application for CHANGE OF OCCUPANCY

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

#### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### OWNER INFORMATION (if different from applicant information)

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address or Location: \_\_\_\_\_

Existing Zoning Classification of Property: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Health Dept. Permit Number (if applicable): \_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

To be completed by Planning Department:

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LOGANSPORT/CASS COUNTY/WALTON DEMOLITION PERMIT

200 Court Park, Room 306 - Logansport, Indiana - 46947

PH: (574) 753-7775 FAX: (574) 753-7401

*Please print in ink - Completed application will be processed within 48 hours*

*Site Plan is required - Incomplete application will not be processed*

<b>Property Owner Information</b>		<b>*ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD</b>			
Name:		Phone #:			
Address:		Email:			
City:		State:	Zip Code:		
<b>Description of Building/Structure to be Demolished</b>					
Address of Demolition:		Township:			
Number and Type of Structures to be Demolished:		Parcel #:			
Type of Use:	Commercial/Industrial ( )	Residential ( )	Agricultural ( )		
End Result after Demolition is Complete (grass, gravel, etc):					
<b>Additional Project Information</b>					
Estimated Cost:		Estimated Completion Date:			
Contractor's Name:		Phone #:			
<b>The undersigned hereby certifies the following:</b>					
<p>1.) That all constuction requested by this application will comply with all City, State and Federal regulations.</p> <p>2.) That the completed project will conform to the site plan and application presented or legal action may be taken.</p> <p>3.) That inspections are required once demolition if complete.</p> <p>4.) That all information in this application is true and accurate.</p>					
Signature of Applicant / Representative:					
Please Print Name:		Date			
<b>CALL 2 DAYS BEFORE YOU DIG: 811 or 1-800-382-5544 Tracking #</b>		<b>Date:</b>			
<b>TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT &amp; PLANNING DEPARTMENT STAFF</b>					
Zoning Class	Does the project conform to this zoning classification?		Yes	No	
Flood Zone	Elevation Certificate Required?	Yes	No		
Is a confined feed operation within 1320 feet?		Yes	No		
Within an Overlay District?	Airport	Downtown	Front Door	Riverfront	Grissom
Approved:	Denied:	Date:	Signature:		
NOTES:					
Building Permit Fee:			ILP Permit Fee:		
Total Permit Fee:	ILP #:		Receipt #:		

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

**Application for TEMPORARY USE  
(Section 503)**

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Existing Zoning Classification of Property:** \_\_\_\_\_

**Proposed Temporary Use:** \_\_\_\_\_

**Duration of Use:** \_\_\_\_\_

**Address or Location:** \_\_\_\_\_

**Health Dept. Permit Number (if applicable):** \_\_\_\_\_

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If signed by representative for applicant, state capacity)

**To be completed by Planning Department:**

**Fee:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Applicant**

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**Approved**

**AGREEMENT FOR MAJOR HOME OCCUPATION PERMIT**

**A home occupation is a business or activity for financial gain carried on by an occupant at his or her place of residence.**

**Major home occupations may be approved by the Zoning Administrator when it is determined that following standards are met:**

1. The home occupation is incidental and subordinate to the residential use of the premises.
2. The home occupation shall be carried on by a resident of the premises with no more than three (3) employees not residing on the premises.
3. There shall be no more than one separate home occupation per premises.
4. The home occupation may be conducted in the dwelling unit or in an accessory building. The home occupation shall not exceed 50% of the floor area of the principal building.
5. There shall be minimal exterior indication of the home occupation or variations from the residential character of the premises.
6. Any sales or displays of articles produced on or off the premises shall be effectively screened from the adjoining properties and road.
7. No more than five (5) vehicles and/or pieces of equipment shall be operated from the site or stored there overnight.
8. Any outdoor storage of materials, equipment or goods produced shall be effectively screened from adjoining properties and roads.
9. The home occupation shall not increase vehicular traffic flow and parking by any more than two (2) additional vehicles at a time, other than that of the permitted employees. Any parking generated by the home occupation shall be off-street and not in any required front yard.
10. No use shall create noise, vibration, smoke, dust, electrical interference, smell, heat, glare, fire hazard, or any other hazard or nuisance to a greater or more frequent extent beyond what normally occurs from a residence.
11. No more than one (1) sign shall be allowed. Such sign shall be no greater than 4 square feet in size.

12. A permit for a home occupation is not transferable and a new occupancy permit must be applied for whenever there is a change in the occupation, ownership of the property, or tenants in the dwelling unit.

The applicant acknowledges that the privilege of conducting a Major Home Occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

**I have read and understand the conditions stated above and agree to abide by the terms in their entirety.**

---

Proposed Major Home Occupation

---

Address of Residence

---

Occupant

Phone

---

Occupant's Signature

Date

---

Zoning Administrator

Date Approved

---

Fee

Receipt #

---

**Applicant**

---

**Approved**

**AGREEMENT FOR SIMPLE HOME OCCUPATION PERMIT**

**Simple home occupation is a business or activity for financial gain carried on by an occupant at his or her place of residence. Home occupation may be approved by the Zoning Administrator when it is determined that following standards are met:**

1. The home occupation is considered customary and traditional and incidental and subordinate to the residential use of the premises and not construed as a business.
2. The home occupation shall be carried on by a resident of the premises with no more than one employee not a resident on the premises.
3. There shall be no more than one (1) separate home occupation per premises.
4. The home occupation shall not be conducted in any accessory building and shall not occupy more than 25% of the floor area on the principal dwelling unit, except in the Agricultural District, where an accessory structure may be used provided that the home occupation not exceed 50% of the gross floor area of the principal residential structure, and that the accessory structure, if new, comply with principal structure setbacks. In no case shall both the principal structure and an accessory structure be used for the home occupation.
5. There shall be no exterior indication of the home occupation or variations from the residential character of the premises.
6. There shall be no direct sales or displays of articles other than those items produced or repaired on the premises of the home occupation.
7. There shall be no outdoor storage of materials or goods produced and no display of goods visible from any adjoining property line or road.
8. The home occupation shall not increase vehicular traffic flow and parking by any more than 1 additional vehicles at a time, other than that of the permitted employee.
9. Delivery of materials to or from the premises by commercial vehicles shall not exceed once per week and for a period any longer than one hour.
10. There shall be no use which creates noise, vibration, smoke, dust, electrical interference, smell, heat, glare, fire hazard, or any other hazard or nuisance to a greater or more frequent extent beyond what normally occurs from a residence.
11. No more than one (1) sign shall be allowed. Such sign shall be no greater than 2 square feet in size.
12. A permit for a home occupation is not transferable and a new occupancy permit must be applied for whenever there is a change in the occupation, ownership of the property, or tenants in the dwelling unit.



The applicant acknowledges that the privilege of conducting a Simple Home Occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

**I have read and understand the conditions stated above and agree to abide by the terms in their entirety.**

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Proposed Simple Home Occupation

---

Address of Residence

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Occupants Name

Phone

---

Occupant's Signature

Date

---

Zoning Administrator

Date of Approval

---

Fee

Receipt #

---

**Applicant**

---

**Date Approved**

**AGREEMENT FOR COTTAGE INDUSTRY PERMIT**

**Cottage industries developed on parcels of less than 3 acres gross site area require special exception approval from the Board of Zoning Appeals.**

**Cottage industries developed on a minimum parcel size of 3 acres gross site area may be approved by the Zoning Administrator when it is determined that the following standards are met:**

1. The cottage industry is an accessory use to a residential function that will be maintained.
2. The cottage industry shall be operated by at least one full-time, bona fide resident in a single-family residence of the parcel on which the proposed use is being requested. The cottage industry may employ a total of 6 persons who resides off the subject property but may not have more than 3 persons who resides off the subject property working on the site at any one time.
3. Not more than one (1) cottage industry shall be allowed in or on the same premise.
4. Any new structure constructed to accommodate the cottage industry shall be limited in scale so that it is in character with neighboring properties. In no case shall more than five thousand (5,000) square feet of total building area on the property be devoted to the cottage industry. Only those buildings or areas as specifically approved by the Zoning Administrator may be utilized in the conduct of business.
5. There shall be minimal exterior indication of the cottage industry or variation from the residential character of the premises.
6. All activity related to the conduct of the business except for the display of agricultural produce and goods shall be conducted within an enclosed structure or be sufficiently screened from view of adjacent residences and public right-of-ways. Activities shall be screened using landscaping, fencing, the retention of native vegetation, or combination thereof necessary to meet Type V bufferyard screening requirements of Section 306.
7. Retail sales are limited to the following: products produced or repaired on-site; items collected, traded and occasionally sold but hobbyists, such as coins, stamps, and antiques, and their accessories; incidental retail sales directly associated with the cottage industry; and internet sales.
8. The cottage industry shall not increase vehicular traffic flow and parking by any more than 4 additional vehicles at a time, other than those of the permitted employees.
9. Any business requiring customers to visit the site shall provide adequate on-site parking spaces, in addition to one (1) for each full-time equivalent employee who reside off the subject property, and two (2) for the owners of the property. Any parking generated by the use shall be provided off-street and not in any required from yard.
10. Cottage industries shall be limited in their hours of operation. No on-site customer service or business shall be conducted before 8:00am or after 8:00pm, Monday through Friday, and before 9:00am or after 6:00pm, Saturday and Sunday.

11. No more than 3 commercial vehicles shall be operated from the site or stored there overnight.

12. No use shall be made of equipment of material which produces unreasonable vibration, noise, dust, smoke, odor, or electrical interference to the detriment of the quiet use and enjoyment of adjoining and surrounding property.

13. No more than one non-illuminated sign no greater than 12 square feet is allowed.

The applicant acknowledges that the privilege of conducting a Cottage Industry, home occupation is of a conditional nature, and failure to abide by the above standards will result in revocation of the privilege. Occupant in this instance shall have the right to appeal such action before the Logansport, Cass County or Walton Board of Zoning Appeals, whichever is appropriate.

**I have read and understand the conditions stated above and agree to abide by these terms in their entirety.**

---

Proposed Cottage Industry

---

Address of Residence

---

Occupant

Phone

---

Occupant's Signature

Date

---

Zoning Administrator

Date of Approval

---

Fee

Receipt #

Logansport/Cass County/Walton Planning Department  
200 Court Park, Room 306  
Logansport, IN 46947  
Ph: 574-753-7775  
Fax: 574-753-7401

FOR OFFICE USE ONLY:  
ILP Number: \_\_\_\_\_  
Date Application Filed: \_\_\_\_\_

## SIGN PERMIT APPLICATION (Section 505)

This application should be accompanied by the following supporting documentation:

- Site Plan showing location of existing & proposed signs, landscaping, etc.)
- Samples of swatches, paint colors and/or materials to be used
- Photographs of site and adjacent buildings
- A landscape plan showing all existing and proposed elements (if applicable)
- Proposed lighting

### APPLICANT INFORMATION

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

### OWNER INFORMATION (if different from applicant information)

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Zoning Classification of Property:** \_\_\_\_\_ **Property Use:** \_\_\_\_\_

**Address or common description of property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Overlay District (if applicable):** \_\_\_\_\_

**Location of Existing Signs (if applicable):**

Number: \_\_\_\_\_ Type(s): \_\_\_\_\_

Square feet per sign: \_\_\_\_\_ Total square Feet \_\_\_\_\_

**Location of Proposed Signs:**

\_\_\_\_\_

**Sign(s) Read(s):**

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**Sign Type:**

Building Mounted/Wall:\_\_\_\_ Freestanding Pole: \_\_\_\_ Monument:\_\_\_\_  
Off-Premise:\_\_\_\_ Drive-Up:\_\_\_\_ Sidewalk:\_\_\_\_ Electronic Message Center:\_\_\_\_  
Temporary:\_\_\_\_

**Illuminated:**

YES\_\_\_\_ NO\_\_\_\_

**Size of Sign(s):**

Width: \_\_\_\_\_ Height: \_\_\_\_\_ Depth: \_\_\_\_\_ Total square feet: \_\_\_\_\_

**Materials/Style:**

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**Sign Lighting:**

Type of lighting proposed:\_\_\_\_\_Number proposed: \_\_\_\_\_  
Size of light fixtures (L x W x H):\_\_\_\_\_Height from grade: \_\_\_\_\_  
Location:\_\_\_\_\_Style (include specifications):\_\_\_\_\_

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**Landscaping (if applicable):**

Location of landscape areas: \_\_\_\_\_

**Proposed landscape material:**

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By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



# MOBILE HOME PERMIT

State Form 7878 (R2 / 10 08)

Prescribed by the Department of Local Government Finance

OFFICIAL FORMS ARE LOCATED IN THE COUNTY TREASURERS OFFICE.  
ONLY OFFICIAL FORMS WILL BE ACCEPTED.

### INSTRUCTIONS:

1. A mobile home may not be moved from one location to another unless the owner or the occupier obtains a permit to move the mobile home from the county treasurer. (I.C. 6-1.1-7-10)
2. The Bureau of Motor Vehicles may not transfer the title to a mobile home unless the owner obtains a permit to transfer the title from the county treasurer. (I.C. 6-1.1-7-10)
3. A county treasurer shall issue a permit which is required to either move, or transfer the title to a mobile home if the taxes due on the mobile home have been paid. The permit shall state the date it is issued, (J.C. 6-1.1-7-10)
4. Mobile home cannot be moved inore than one month after the date of issuance of this permit. (I.C. 6-1.1-7-11)
5. Mobile home owner who sells the mobile home to another shall provide the purchaser with the permit required before the sale;s consummated. (J.C. 6-1.1-7-10.4) A person who violates this commits a Class C infraction. (J.C. 6-1.1-7-14)
6. Mobile home owner must present a copy of this permit to the Bureau of Motor Vehicles when applying for title transfer. If the mobile home is to be moved, a second permit must be requested by the new owner prior to moving.

### ATTENTION: MOVER, HAULER, OR TOWER

A person who is engaged to move a mobile home *may* not provide that service unless the owner or occupier presents him with a pennit to move the mobile home and the permit is dated not more than one (1) month before the date of the proposed move. The mover shall retain possession of the permit while the mobile home is in transit.

Type of mobile home permit:

D For Moving

D Transferring Title

### MOVING PERMIT

Moving permit for:		Date of Issuance of permit (month, day, year)		Vold after one month	
<input type="checkbox"/> D Owner		<input type="checkbox"/> D Occupier			
Name of owner or occupier					
Address (number and street, city, state, end ZIP code)					
Make of mobile home	Year	Dimension	Serial number		
Address of present location (city, township, county, state)					
New location (city, township, county, state)					

### TITLE TRANSFER PERMIT

Name of owner			
Address (number and street, city, state, and ZIP code)			
MBke of mobile home	Year	Dimension	Serial number
Name of purchaser			
Address (number and street, city, state, and ZIP code)			
Purchaser is moving mobile home to:	New location (city, township, county, state)		
<input type="checkbox"/> D New localion	<input type="checkbox"/> D Same		

### COUNTY TREASURER'S CERTIFICATION

The application to move or transfer title (as indicated above) of above described mobile home has been reviewed with the records in this office and I hereby certify that all taxes due on the mobile home have been paid, including any unpaid installment, if mobile home is being moved out outside of County or State.		
Signature of County Treasurer	County	Date signed (month, day, year)



# Request for Floodplain Analysis and Regulatory Assessment

(No Fee Is Required For This Assessment)

**This is Not an Application for a Permit**

**Individual citizens should use this form for floodplain information requests such as:**

- Flood Insurance determinations required by a mortgage lender
- Permit requirements for construction of a proposed structure or obstruction in a floodway (examples: fence, building, fill, excavation, pond, bridge, culvert, bank protection)
- Requirements for construction of a house or placement of a manufactured home

**1. Type of request (Check All That Apply):**

- Flood Insurance Determination
- 100-Year Flood Elevation Determination (Base Flood Elevation Determination)
- Information for a LOMA (Letter of Map Amendment)/LOMR (Letter of Map Revision)
- Floodway Determination
- Residential Structure                       Existing                       Replacement                       Proposed
- Non-Residential Structure                       Existing                       Proposed, describe \_\_\_\_\_
- Addition to a Building                       Residential                       Non-Residential
- Bridge or Culvert                       New                       Replacement                       Rehabilitation
- Other, describe \_\_\_\_\_

**Floodplain assessments require accurate site location information that you must provide with your request. Failure to submit complete information may result in a lengthy delay.**

**2 Site Location:** Section \_\_\_\_\_, Township \_\_\_\_\_ N / S, Range \_\_\_\_\_ E / W; Grant No. \_\_\_\_\_

Site Address \_\_\_\_\_, City \_\_\_\_\_

County \_\_\_\_\_, Nearest Stream / Water Body \_\_\_\_\_

**3 Site Map / Description:**

The following location or map information must be submitted in order to process your request. Additional information may be requested.

- For all flood insurance determinations, use map type 3a (where applicable) and 3b. See examples on page 2.
- For sites in urban areas use map type 3a, 3b, or 3d. See examples on page 2.
- For sites in rural areas use map type 3b, 3c, or 3d. See examples on page 2.

**4. Contact Person:** Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_) \_\_\_\_\_, Email \_\_\_\_\_

Signature \_\_\_\_\_, Date \_\_\_\_\_

**Send completed form and supporting information to:**

Indiana Department of Natural Resources  
 Division of Water  
 Attention: Technical Services Section  
 402 West Washington St., Room W264  
 Indianapolis, IN 46204-2641



Processing may require 4 to 6 weeks.

Contact a Division of Water Technical Services Representative if you need help completing this form.

Phone: (317) 232-4160    Toll Free: (877) 928-3755    Fax: (317) 233-4579  
 Email: water\_inquiry@dnr.state.in.us

**Agency Use Only**

FARA No. \_\_\_\_\_  
 CSC Initial \_\_\_\_\_

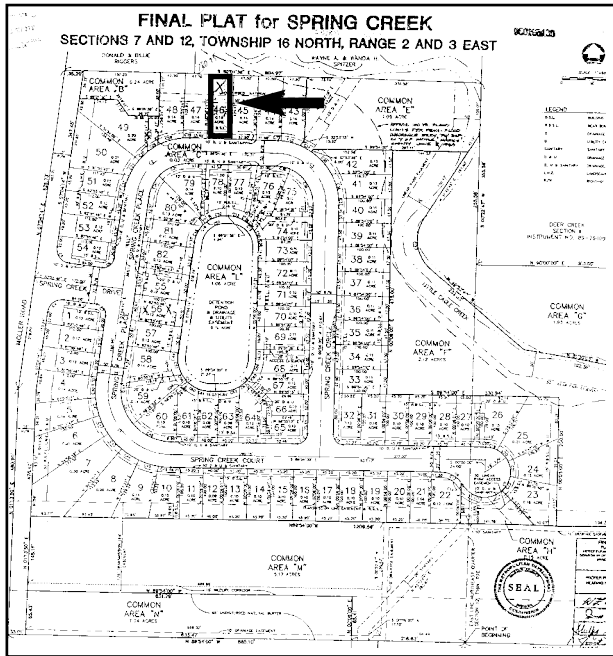
Date Stamp

## Request for Floodplain Analysis and Regulatory Assessment Site Map/Description Instructions and General Guidelines

Before the Division of Water can evaluate your request, an accurate site location map must be submitted. Examples of acceptable maps are shown below. All maps must include a scale and a north arrow.

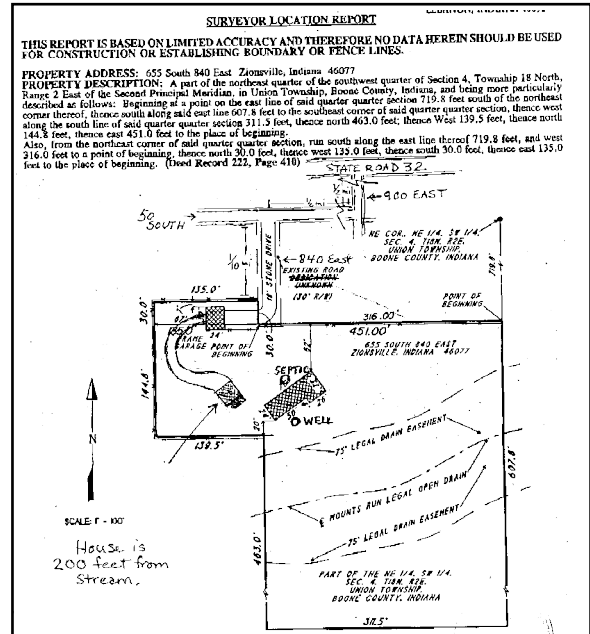
### 3a) Subdivision Plat with Lot # marked

This information may be obtained from the County Recorder's Office



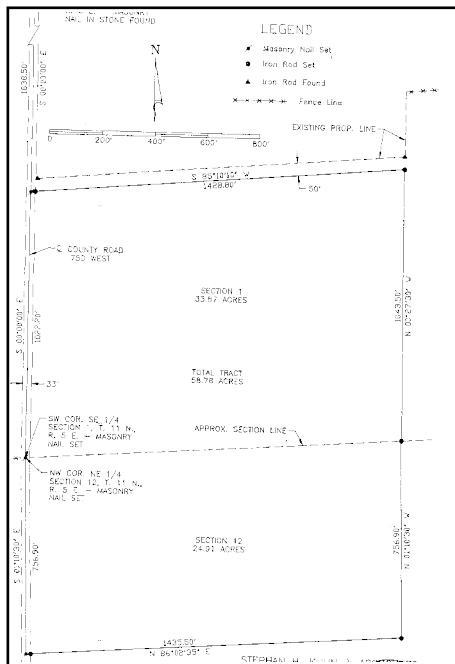
### 3b) Surveyor Location Report (mortgage line survey) and Legal Description

This information may be filed with documents received at the mortgage closing



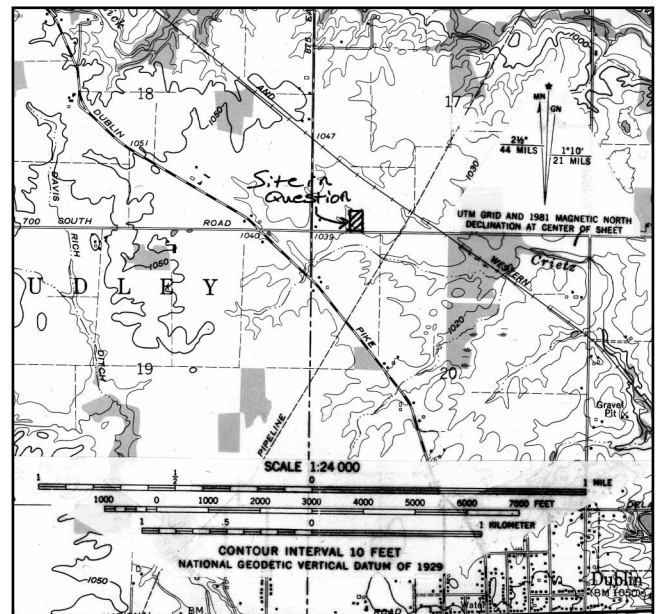
### 3c) A copy of the Property Survey

This information may be obtained from the County Recorder's Office



### 3d) A copy of the USGS topographical survey map with site location marked

This information may be obtained from DNR Map Sales Office Phone: (317) 232-4180





ORDINANCE 81-.17

AN ORDINANCE AMENDING ORDINANCE 74-30 BY REPEALING SECTION 3-21, MECHANICAL AMUSEMENT DEVICES AND SECTION 3-22 MUSIC MACHINES AND ENACTING A NEW AMUSEMENT MACHINE ORDINANCE

WHEREAS, the City of Logansport, through the Common Council and a special Ad Hoc Committee, did cause to be studied the present and existing Ordinance of the City of Logansport pertaining to the mechanical amusement devices and music machines, and the licensing thereof; and

WHEREAS, it is the unanimous recommendation of the special Ad Hoc Committee, Common Council of the City of Logansport, that the existing Ordinance 74-30, Section 3-21 and 3-22 pertaining to mechanical amusement devices and music machines respectively be repealed and a new section be inserted; and

WHEREAS, said recommendation of the special Ad Hoc Committee on amusement machine devices has been duly considered:

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL of the City of Logansport as follows:

**Section One.** Ordinance 74-30, Section 3-21, Mechanical Amusement Devices, passed January 30, 1942, and known as Ordinance Number 1006, at Volume Three, Page 91, is hereby repealed and of no force and effect.

**Section Two.** That Ordinance 74-30, Section 3-22, Music Machines, passed December 31, 1940, and known as Ordinance Number 981, Volume Three, Page 337, is hereby repealed and of no force and effect.

That in the place of Section 3-21 and 3-22, there is hereby enacted the following:

ARTICLE III

AMUSEMENT MACHINES

**Section 3-21.** (a) **Definitions.** Whenever used in this article, the following words or phrases shall be defined as **herein stated:**

(1) Amusement Machine means any machine or device which is operated by coin or token primarily for music or amusement purposes that is not a machine or device used exclusively for the vending of merchandise of a tangible nature.

(2) Owner means a person, corporation or entity who owns, sells, leases or rents any amusement machine, whether on his own behalf or for/to another, within the city.

(3) Amusement Location means any public room area where amusement machines are located.

**\*** (b) Licenses Required.

(1) Amusement machine license. It shall be unlawful for any owner to display, exhibit or expose or permit to be displayed, exposed or exhibited any amusement machine without having procured from the City Clerk/Treasurer a license for each amusement machine.

f (2) Owner's license. It shall be unlawful for any person, corporation, or entity to act as a owner without a owner's license issued by the City Clerk/Treasurer. An owner's license shall not be transferable, without the consent of the City Clerk/Treasurer.

(c) Application or License. The application for an amusement machine license or owner's license shall be made in such form and contain such information as the City Clerk/ Treasurer may prescribe.

(d) Investigation, Rejection, Notification. The Clerk/Treasurer, before issuing a license, shall investigate the character of the applicant or applicants, and the officers or general manager of the business.. Each license shall have an an owner, manager or resident agent who shall be a resident of Cass County, Indiana. The license may be denied if the Clerk/ Treasurer shall find that any of the persons named in the application have previously been convicted of a felony, connected with any amusement location where the license has been revoked, or where any of the provisions of the law, applicable to him, have been violated, or if the amusement location sought to be licensed does not comply in every<sup>1</sup>way with the ordinances and laws applicable thereto. If an application is denied, the applicant for such permit shall be

notified in writing of the reasons for rejection and shall have the right to appeal in accord with Paragraph **(I)**.

(e) License term; fees; insignia; condition of machines.

The annual license fee shall be for the period of February 1st to January 31st, and Shall be determined as follows:

Amusement machine license, per machine per annum	}f-	\$10.00	)
Owner.'s license, per annum		<u>500.00,</u>	

Each person, upon procuring a license from the Clerk/Treasurer, shall be given one metal or plastic insignia for each amusement machine so licensed, which shall be securely attached thereto, and each amusement machine shall be kept in good operating condition at all times.

(f) Operations. All amusement locations shall be kept in a clean, well-lite, healthful and sanitary condition at all times and the Clerk/Treasurer shall have the power to determine if such room or rooms are kept in sanitary condition and for such purpose, when desired, have the assistance of the Cass County Board of Health. If said Clerk/Treasurer shall determine that an unsanitary condition exists within an amusement location, he shall have the power to suspend the license for such premises until such unsanitary condition is rectified.

(g) Unlawful acts. Whenever used in this article, the following acts shall be deemed to be unlawful as herein stated:

(1) It shall be unlawful to own or operate an amusement machine without an amusement machine license issued by the City Clerk/Treasurer.

(2) No person shall be permitted to be present in an amusement location either while required by law to be in attendance at a public or private school, .or after the hours established by State statute or City Ordinance for juvenile curfew unless accompanied by a parent or legal guardian.

(h) Inspections; report of violations. It shall be the duty of every police officer, and all persons designated by the chief of police and City Clerk/Treasurer, to make frequent inspections of all such amusement machines, and amusement locations and if any gaming, improper or unlawful practices are observed in the use thereof, to report the same to the Chief of Police for proper action and also to the City Clerk/Treasurer, who thereupon may revoke such licenses without notice, upon satisfactory proof thereof.

(i) If any license application is denied or license revoked, the applicant or licensee, within 30 days of such denial, or revocation may petition the Common Council for a hearing to determine if such denial or revocation was just. The Common Council's decision shall be final.

(j) Any person, firm or corporation violating any of the provisions of this Section, upon conviction, shall be fined in any sum not to exceed Five Hundred (\$500.00) Dollars for each separate violation.

The owning, operating, exhibiting, displaying or giving space to each amusement machine not licensed as herein provided shall be deemed a separate violation of this Section.

Each day any person, firm or corporation shall violate any of the provisions of this Section shall constitute a separate violation.

This Ordinance amending Ordinance 74-30, Article 3, shall be in full force and effect from and after its passage and public notice pursuant to statute.

Passed by the Common Council, City of Logansport, this day of December, 1981.

  
\_\_\_\_\_  
PRESIDING OFFICER, City  
of Logansport.

ATTEST:

TREASURER 

Presented by me to the Mayor of the City of Logansport, this  
11<sup>th</sup> day of December, 1981.

K. fr

Approved by me this 7<sup>th</sup> day of December, 1981.

)  
Jt  
ff- < /  
MAYOR CITY OF LOGANSPORT.

Application for License for Music/Amusement Machine  
2013

To: CITY-CLERK TREASURER OF CITY OF LOGANSPORT, INDIANA

Application is hereby made for license to own, operate, exhibit, display or give space to a music/amusement machine for public patronage, such music/amusement machine to be operated mechanically, manually, or electrically, and in which coins or tokens are used.

No. of machines owned/operated in Logansport \_

Name/address of owner of such music/amusement machine, \_\_\_\_\_

We are familiar with Ordinance 81-27 of the City of Logansport, Indiana, under which this license is requested and agree to notify the City-Clerk Treasurer of said City in the event such music/amusement machine is changed from the address herein given, and to furnish the description and number of any machine replacing same.

We understand that not more than one license shall be in effect for said place herein described during the time for which such license is issued.

We agree that if for any reason the owner of the music/amusement machine herein described, or any replacement thereof, shall be unable to furnish a suitable and satisfactory music/amusement machine for such place, upon proof thereof being made to said City-Clerk Treasurer of said City, such license may be revoked.

We agree to comply with all State Laws and City Ordinances affecting said place of business and we further agree that if during the period for which license is issued said City-Clerk Treasurer shall in his opinion determine that it shall be for the public welfare of the City of Logansport not to have a music/amusement machine in said place herein described, that such license may be revoked without notice by said City-Clerk Treasurer.

\_\_\_\_\_  
OWNER OF MUSIC/ AMUSEMENT MACHINE HEREIN DESCRIBED

\_\_\_\_\_  
DATE

*I recommend the issuance of a license upon this application this \_\_\_\_\_ day of \_\_\_\_\_*

*APPROVED by me this day of \_\_\_\_\_*

-----  
*CITY-CLERK TREASURER OF THE CITY OF LOGANSPORT*

Machine Owner \_\_\_\_\_

Name of Machine	Serial #	Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
<b>14.</b>		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

(Copy as needed for additional machines)

ORDINANCE 2009-17

AN ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF LOGANSPOBT, INDIANA AMENDING  
ORDINANCE 2005-38 IN ITS ENTIRETY WHICH IS THE ISSUANCE OF TAXICAB/LIMOUSINE LICENSE FOR  
HIRE IN THE CITY OF LOGANSPOBT

**WHEREAS**, the City of Logansport is a municipal corporation that was incorporated under the laws of the State of Indiana on February 17, 1838; and

**WHEREAS**, the City of Logansport has permitted the use of taxicabs for a number of years; and

WHEREAS, the Logansport Common Council must authorize any changes through an ordinance;  
and

**WHEREAS**, the common council feels it is now necessary to update the rules and regulations of vehicles for hire passed December 5, 2005; and

**WHEREAS**, the common council feels these changes are necessary for the purpose of preventing the unsafe operation of public vehicles for hire; and

**WHEREAS**, for the purpose of preventing unconscionable pricing and customer practices in the operation of public vehicles for hire; and

**WHEREAS**, this chapter is authorized by IC 36-9-2-4 and other provisions of the Indiana Code.

**NOW, THEREFORE, BE IT ORDAINED** by the Common council of the City of Logansport, Indiana that:

SECTION 1: TAXICABS/LIMOUSINE

License required,

- (a) Every public service automobile operated in the city shall be known as a taxicab or a *public vehicle for hire*, which terms are hereinafter defined, and before such public service automobile is used or offered for use for the purpose of hauling people for hire, its owner and operator shall register with the city clerk-treasurer of the City of Logansport, pay an annual license fee to said city, and file with the city clerk-treasurer an indemnity bond duly approved by the mayor of the city, or a policy contract of insurance, and obtain a license from the clerk-treasurer of said city, all as **hereinafter provided**.
- (b) As used in this chapter, and except as provided in subsection (c) *of* this section, *public vehicle for hire* means a motor vehicle that:
  - (1) Is a passenger vehicle;
  - (2) Is designed and constructed to accommodate and transport not more than fifteen (15) passengers, including the driver; and
  - (3) Is used or offered for use to transport a passenger for a fare.



- (c) As used in this chapter, *public vehicle for hire* includes, but is not limited to:
- (1) Vans;
  - (2) Minivans;
  - (3) Station Wagons;
  - (4) Buses;
- Provided that such motor vehicles meet the requirements of subsection (a) of this section.
- (d) As used in this chapter, *public vehicle for hire* does not include:
- (1) School buses;
  - (2) Vehicles used or operated under the control of the United States, the State of Indiana or any political subdivision of the State of Indiana;
  - (3) Vehicles used for ride-sharing programs on a nonprofit basis;
  - (4) Vehicles used for commuter services operated by an employer for the exclusive **use of its employees;**
  - (5) Vehicles certified as ambulances under IC 16-31;
  - (6) Vehicles used for persons with a mental or physical disability or illness, older adults, or persons who require non-emergency medical treatment and that are operating under a certificate or permit of public convenience and necessity issued by the Indiana Department of State Revenue;
  - (7) Vehicles which are the subject of cost sharing arrangements between passengers and drivers, which arrangements are not designed to generate a profit.

#### **LIMOUSINE**

As used in this chapter, *limousine* means a public vehicle for hire which has not been licensed as a taxicab.

#### **TAXICAB**

As used in this chapter, *taxicab* means a *public vehicle for hire* which transports passengers for a fare, which fare is determined, in whole or part, by a measurement, to be made during the trip, of the distance over which the passenger is transported.

#### **OWNER**

As used in this chapter, *owner* means the person whose residence determines the county in which a vehicle must be registered pursuant to IC 9-18-2-15.

#### **PERSON**

As used in this chapter, *person* means natural person, corporation, partnership, limited partnership, association or any other entity with the power to sue and be sued.

#### **CENTRAL OFFICE**

As used in this chapter, *central office* means the physical location, having a street address, from which a public vehicle for hire operates, at which street address an applicant or licensee will receive all mail sent by the United States Postal Service. Business location must be in compliance with Logansport Zoning Regulations.

## VIOLATION OF LAW

As used in this chapter, *violation of law* means commission of a felony, misdemeanor, infraction or ordinance violation, without regard to whether the violation is characterized as criminal or civil in nature.

## SECTION 2: OPERATOR LICENSES

### Operator Licensure.

No person shall transport or offer to transport a passenger for a fare in any public vehicle for hire without a license to operate a public vehicle for hire.

### Eligibility.

- (a) To be eligible for a license to operate a public vehicle for hire, a person:
- (1) Must possess a public passenger chauffeur or commercial driver's license issued by the State of Indiana;
  - (2) Must not have been convicted of a felony within the period of five (5) years immediately preceding the date of the filing of the application;
  - (3) Must not have been convicted of drunk driving within the period of ten (10) years immediately preceding the date of the filing of the application;
  - (4) Must not have two (2) or more convictions at any time of drunk driving;
  - (5) Either:
    - a) Must not have been convicted at any time of:
      - 1) A felony or misdemeanor that involved violence towards another person;
      - 2) Drugged driving;
      - 3) Being an habitual traffic offender; or
      - 4) Being an habitual substance offender; or
    - b) Must have had a valid City of Logansport taxicab operator's license on the effective date of this section.

### Application.

Each applicant for a license to operate a public vehicle for hire shall provide to the clerk-treasurer the following information concerning the applicant, on an application form provided by the clerk-treasurer, signed and sworn to by the applicant:

- (1) Full name;
- (2) Residence address;
- (3) Office address;
- (4) Place of residence for the five (5) years immediately preceding the date of filing of the application, including an address or addresses in Cass County or the contiguous counties for a cumulative total of at least twelve (12) months;
- (S) Age, race, sex, height, weight, and color of eyes and hair;
- (6) Place of birth;
- (7) Length of residence in the City of Logansport;
- (8) Last previous employment;
- (9) Whether the applicant is a citizen of the United States;
- (IO) The date of judgment, court and description of each conviction for a violation of law by the applicant;

- (II) The date of filing, court and description of each charge pending against the applicant alleging a violation of law;
- (12) All governmental entities from which the applicant has been previously licensed to operate any type of public vehicle for hire and each date and cause for which any **such license was ever revoked or suspended; and**
- (13) Such additional information as the clerk-treasurer deems necessary.

Attachments to the application.

Each application shall be accompanied by:

- (1) Two (2) recent photographs of the applicant in a format prescribed by the clerk-treasurer, designed to be easily attachable to the license;
- (2) A complete set of the applicant's fingerprints in a format prescribed by the clerk-treasurer;
- (3) A copy of the applicant's Indiana driving record certified with ten (10) days prior to submission of the application;
- (4) Inspection form from Logansport Police Department Traffic Officer advising that said **vehicle has passed inspection;**
- (5) Such additional items as is deemed necessary.

**Fee.**

The annual fee for a license to operate a public vehicle for hire shall be \$25.00 (individual driver)

Investigation of applicant.

- (a) Each applicant for a license to operate a public vehicle for hire shall be examined by the clerk-treasurer to guarantee quality service to customers as to:
  - (1) The applicant's qualifications;
  - (2) The applicant's knowledge of the provisions of this chapter and such other ordinances and regulations as is deemed relevant.

Pending charges of violation of law.

If charges are pending in any court charging the applicant with a violation of law, the clerk-treasurer shall suspend processing of the application until those charges are resolved.

Issuance of license.

Upon completion of the examination of the applicant, and a determination by the clerk-treasurer that the applicant is eligible according to these Articles, to operate a public vehicle for hire, the clerk-treasurer shall issue to the applicant a license to operate a public vehicle for hire, in a format prescribed by the clerk-treasurer, which license shall contain the photograph and signature of the licensee, the date of issuance and expiration of the license.

License period.

A license to operate a *public vehicle for hire* shall be valid until the renewal date for that license occurring for one (1) year. June 1" to May 31".

**Renewal.**

The annual renewal of a license to operate a *public vehicle for hire* shall be granted upon the same terms and conditions as the original license. Pending action by the clerk-treasurer on

the application for renewal, the applicant shall be permitted to operate a *public vehicle for hire* under the license issued for the previous licensing period, unless the clerk-treasurer enters an order to the contrary.

### SECTION 3: General Licensure Requirements for Public Vehicles

#### Separate license.

A separate license shall be required for each public vehicle for hire. Each public vehicle for hire shall have one (1) license: either a limousine license or a taxicab license. In order to be licensed, every limousine and every taxicab must satisfy both:

- (1) The general licensure requirements for *public vehicle for hire*; and
- (2) The additional specific requirements imposed by the article for either limousine licenses or taxicab licenses, whichever is applicable.

#### Eligibility.

To be eligible for licensure as a *public vehicle for hire*, a motor vehicle must:

- (1) Be a passenger vehicle;
- (2) Be designed and constructed to accommodate and transport not more than fifteen (15) passengers, including the driver;
- (3) Be equipped with a two-way radio to facilitate dispatching and other communication between the public vehicle for hire and the owner's central *office*;
- (4) Have Cass County license plates; and
- (5) Be owned by an applicant eligible to apply for a *public vehicle for hire* license.

#### Eligibility; required number of taxicabs per applicant.

To be eligible to apply for a *public vehicle for hire* license, a person:

- (1) Must be the owner of the vehicle;
- (2) Must have a central office located in Cass County for the purpose of receiving calls and dispatching *public vehicle for hire* within the city; and
- (3) Must meet the zoning codes of the City of Logansport;
- (4) Must not have been convicted of a felony within the period of five (5) years immediately preceding the date of the filing of the application.

#### Application.

Each applicant for a license for a *public vehicle for hire* shall provide to the clerk-treasurer the following information concerning the applicant and the vehicle, on an application form provided by the clerk-treasurer, signed and sworn to by the applicant:

- (1) The vehicle's seating capacity, name of manufacturer, model year, horsepower, vehicle identification number, certificate of title number, color and state license **number**;
- (2) The logo (if any) and color of the vehicle;
- (3) The applicant's full name;
- (4) The applicant's central office address;
- (5) The names of all persons other than the applicant who have a financial interest in the vehicle;
- (6) All governmental entities from which the applicant has previously obtained a license for any *public vehicle for hire*, and each date and cause for which any such license was ever revoked or suspended; and

(7) Such additional information as deemed necessary.

#### FINANCIAL INTEREST

As used in this section *financial interest* in a motor vehicle means any portion of any of the legal rights of ownership or any such financial interest in any partnership, corporation or other legal entity having any such financial interest in a motor vehicle. As used in this section, financial interest in a motor vehicle includes, but is not limited to, that interest held by stockholders and officers of corporations or similar business entities having a financial interest in a motor vehicle,

Attachments to the application.

Each application shall be accompanied by:

- (1) A public liability insurance policy or certificate of self-insurance for the vehicle;
- (2) A certificate of existence from the Indiana Secretary of State, if the applicant is a corporation; and
- (3) Such additional items as deemed necessary.

Public liability insurance.

- (a) All vehicles licensed under this article must be covered by a public liability insurance policy which will indemnify anyone insured by anyone operating the vehicle. The public liability insurance shall be in any amount not less than one hundred thousand dollars (\$100,000.00) combined limit coverage for personal injury and property damage. The policy shall contain the same substantive provisions as required of common carriers under the forms prescribed by the federal highway administration at 49 C.F.R. 387.39. The policy shall remain in effect continuously until terminated, The policy shall provide that cancellation may be effected only by the insurer providing forty-five (45) days' prior written notice to the clerk-treasurer; provided, in the event of cancellation for nonpayment of premium, the cancellation may be effective *on* ten (10) days' prior written notice, such ten (10) days being measured for the clerk-treasurer's receipt of the **notice**.
- (b) The insurance requirements of this section may be satisfied by a certificate of self-insurance, in an equivalent amount, issued by the Bureau of Motor Vehicles of the State of Indiana.

Fees,

- (a) Before it shall be lawful for any owner or operator of a *public vehicle for hire* to operate the same, such owner or operator shall be required to pay to the clerk-treasurer of the City of Logansport for the use of said city, an annual license fee in the sum of twenty five dollars (\$25.00) for each *public vehicle for hire* having a seating capacity of five (5) persons, and thirty five dollars (\$35.00) for one having a rated seating capacity of over seven (7) persons. Said license shall show the number of such public service vehicle, the date of its issuance, the date of the expiration of the license. It shall be the duty of such owner to plainly mark in a permanent manner each vehicle covered by such license, by plainly and securely fastening in a conspicuous place upon the side of such vehicle in letters not less than two (2) inches in height, and the lines of which shall not be less than one-quarter (1/4) inch in width, the words, "Bonded Carrier," or "Insured Carrier," followed by the number of the city license, so that all vehicles claimed to be operated under the provisions of this section may be readily identified.

- (b) An inspection fee of twenty five dollars (\$25.00), payable to the clerk-treasurer of the City of Logansport, shall be added to the annual fee for each license of a *vehicle for hire* beyond the past ten and up to fourteen (10 to 14) model years and fifty dollars (\$50.00) for those beyond 15 model years for the semi-annual inspections.

**Operation and inspection,**

Each owner or operator of a *public vehicle for hire* shall at all times keep such vehicle for hire in a clean, sanitary, safe, and comfortable condition and it is hereby made the duty of the chief of police or his designee, of the City of Logansport to make inspection of any *public vehicle for hire* as to its sanitary condition, lights, brakes, and general condition. The inspection form must accompany the application to the clerk-treasurer's office.

**Removal from service.**

If a licensed *public vehicle for hire* is inspected pursuant to motor vehicle requirements of IC 9-19, any taxicab certificate shall be immediately removed from the vehicle and cancelled.

**Investigation of applicant.**

The clerk-treasurer shall investigate an applicant for a *public vehicle for hire* licensee. The investigation shall include:

- (1) Investigation of the facts giving rise to any violation of law and any charges alleging a violation of law pending against the applicant or any person having a financial interest in the vehicle; and
- (2) Such additional investigation as deemed necessary.

**SECTION 4: Taxicab licensure and Certification**

No person shall transport *or* offer to transport a passenger for a fare, which fare is **determined, in whole or in part, by measurement, made during the trip, of the distance over** which the passenger is transported, in any public vehicle which is not licensed as a taxicab, or which does not have a current taxicab certificate.

**Eligibility,**

To be eligible for a taxicab license, a public vehicle for hire must:

- (1) Meet the general licensure requirements *for* public vehicles for hire;
- (2) Be either:
  - a. Of the current or past ten to fourteen (10 to 14) model years; or
  - b. If beyond the past ten (10) model years but not more than fifteen (15) model years and inspected and approved annually by the city traffic officer as being fit for quality service both mechanically and aesthetically;
  - c. If beyond the past fifteen (15) model years and inspected and approved semi-annually by the city traffic officer as being fit for quality service both mechanically and aesthetically;
- (3) Have a permanently fixed top light clearly identifying the vehicle as a taxicab,

**SECTION 5: Penalty/Revocation of license**

- (a) The failure of any owner or operator of any licensed *public vehicle for hire* to operate the same in accordance with the statutes of the State of Indiana, and the provisions of

this section, shall operate as a forfeiture of the license of such owner or operator and the mayor of said City of Logansport, upon three (3) days written notice to the licensee, is hereby given full power and authority to revoke such license on proof of the violation by the licensee of said license, that he has violated in particular any of the statutes of the State of Indiana, or any of the ordinances of the City of Logansport, including this section, in the operation and control of said *public vehicle for hire*.

- (b) Should the surety of any owner's bond, as herein provided, become insolvent during the existence of any license, or should such surety withdraw from the bond or remove from the jurisdiction of Cass County, Indiana, such insolvency, withdrawal, or removal shall operate as a revocation of such license until such time as a new and sufficient bond is given and approved in lieu thereof. In case any claims are made upon the owner of said bondsman for damages growing out of the operation of the automobile herein described, then an additional bond in such sum as may be required by the mayor, not exceeding the principal sum herein, shall be filed, otherwise said license shall be suspended or revoked until such bond is filed.
- (c) Any owner or operator of *public vehicle for hire*, defined in this section, which owner or operator shall mean any person, firm, or corporation who violates any of the provisions of the subsections of this section, for first offense, shall be fined in the sum of Five hundred (\$500.00) dollars, wit costs; and each day that any person, firm, or corporation operates such vehicle, in violation of any of the terms of any of the subsections of this Ordinance shall be construed as and constitute a separate offense. Second offense shall be fined in the sum of One thousand (\$1,000.00), with costs. Third offense will be cause to have license revoked. All fines shall be remitted to the clerk-treasurer's office within ten (10) days to be placed in the General Fund.

SECTION 6: Miscellaneous Regulations

- (a) Dispatching log. Each owner or operator of a *public vehicle for hire* which is licensed under this chapter shall maintain, at a location in the city, a record of all customer service transactions including the date and time of the agreement to provide service, the dates, times and locations where the customer is picked up and dropped off, the name of the operator, and the amount of the fare. Dispatching logs shall be retained for at least one (1) year by the owner or operator and shall be open to inspection on demand by the clerk-treasurer and any law enforcement agency having jurisdiction over the geographical area where the record is located.
- (b) Maintenance. The exterior and interior of all vehicles in use as *public vehicle for hire* shall be kept well painted, maintained and reasonable free from dirt.
- (c) Dress code. A person operating a *public vehicle for hire* shall at a minimum:
  - (1) Be clean and free of any body odor detectable to a reasonable passenger;
  - (2) Have all visible head and facial hair neatly trimmed and combed or brushed;
  - (3) Be dressed in clean and neat outer wear consisting of shoes and a shirt or blouse and slacks or skirt, or dress.
  - (4) No person operating a *public vehicle for hire* shall wear as outer wear thongs, sandals, shorts, trunks, tank top, body shirt, see-through clothing, swim wear or sweat clothing.
  - (5) It shall be unlawful for a person whose condition or appearance does not comply with the requirements of this section to operate a public vehicle for hire. A person's first violation of this section in a twelve (12) month period shall be subject to the enforcement procedures provided under Section 5 Penalties.

- (d) Display of licenses and fare schedules. Every *public vehicle for hire* shall display in plain view of passengers the public vehicle for hire license for that vehicle, the license for the operator of that vehicle and the fare schedule for that vehicle as filed with the clerk-treasurer. It shall be unlawful to own or operate a *public vehicle for hire* which does not display the license and fare as required by this section. A person's first violation of this section in a twelve (12) month period shall be subject to the enforcement procedures provided under Section 5 Penalties.
- (e) Receipt. Upon request by a passenger, the driver of a *public vehicle for hire* shall deliver to the passenger at the time of payment a signed receipt containing the driver's name and license number, the number of the license of the *public vellicie for hire*, the distance or time for which the charge is made, the total amount paid, by whom the amount was paid and the date of payment.

SECTION 6: That this ordinance replaces Ordinance 2005-38 in its entirety and shall be in full force and effect from and after its final passage.

INTRODUCED, FILED ANO APPROVED on first reading by a vote of 1 in favor and 0 opposed on the 1 day of July, 2009.

DULY PASSED, ORDAINED AND ADOPTED this 1 day of July, 2009, by the Common Council of the City of Logansport, Cass County, Indiana by a vote of 1 in favor and 0 opposed.

Common Council of the City of  
Logansport, Indiana

By: Chuck LaDow  
Chuck LaDow, President

Ruth Ellen Bland  
Ruth Ellen Bland, Clerk-Treasurer

Submitted to, approved by, and signed by me, the Mayor of the City of Logansport, Indiana, this 1 day of July, 2009.

Michael E. Fincher  
Michael E. Fincher, Mayor



## TAXI OWNER JOBS REQUIREMENTS

### CHECKLIST FOR TAXI OWNERS

1. ANNUAL RENEWAL OF MOTOR VEHICLE
2. TAXI COLOR SPECIFICATION NUMBER ON FILE
3. CURRENT COPY OF VEHICLE REGISTERED IN CASS COUNTY MUST BE ON FILE IN THE CLERK TREASURER'S OFFICE AT ALL TIMES
4. SIDE AND FRONT VIEW PICTURE OF VEHICLE
5. BUREAU OF MOTOR VEHICLES ENGLISH COMPREHENSION TEST TAKEN UPON RENEWAL OR APPLICATION
6. SECRETARY OF STATE ENTITY REGISTRATION MUST BE FILED FOR COMPANY OWNERS
7. OUT-OF-SERVICE/NON-PARTICIPATION FORM MUST BE COMPLETED IF VACATION OR IF VEHICLE OUT OF SERVICE
8. VEHICLES LICENSED MUST BE COVERED BY A PUBLIC LIABILITY INSURANCE POLICY WHICH WILL INDEMNIFY ANYONE INJURED BY ANYONE OPERATING THE VEHICLE IN AN AMOUNT NOT LESS THAN \$100,000 COMBINED LIMIT COVERAGE FOR PERSONAL INJURY AND PROPERTY DAMAGE
9. CURRENT DISPATCH LOG (MANIFEST) AVAILABLE FOR THE CLERK TREASURER'S REVIEW ON DEMAND ( 12-MONTHS OF THE LOG MUST BE AVAILABLE FOR REVIEW)
10. TWO-WAY COMMUNICATION DEVICE IN HOUR CENTRAL DISPATCH
11. LICENSE DUES DUE JUNE 30 OF EACH YEAR

Item	What to Check	Look for Common Deficiencies
Tires (no mixing of radial and bias ply tires)	Condition	Tread depth, wear, weathering, bulges, cuts in hoses, at least 1 mm of tread (Using a penny from the edge to the top of Lincoln's head)
Horn	Sound	Does it function?
lights	Head lights	Both, high-&low beams operational, cracked, condensation, secure
	Tailights	lenses intact, working when on (Red)
	Brake lights	Lenses intact, working when applied (Red)
	Turn signals	Lenses intact, blink when activated (Red in back, Amber in front)
	Backup lights	Lenses intact, working when backing (White light)
	Flashers	Lenses intact, blink when activated (Red in back, Amber in front)
	license plate light	Lenses intact, working when on (Whitelight)
Windows	Operational, safety	Not cracked or broken, Not scratched to the degree it would impair vision. Do side windows function (go tip & down)?
Wipers	Operational, condition	Both wipers are functional when on, do blades show sign of wear?
Mirrors	Operational	
Brakes	Operational, front & back	pedal must be solid under pressure, brake light is not on.
Heating	Defroster	Must blow hot air above the dash
	Heater	Must blow hot air into vehicle
Seatbelts	front & back	Missing, frayed, does not snap shut
Under the Hood	Battery	Check color indicator, terminals clean & tight, solid down secure.
	Steering	Filled to level No cuts, cracks, leaks, bulges, chaffing deterioration or nibbing
	Windshield washer fluid	filled to level
	Brake fluid	Filled to level Weather checked, proper extension (3/4-in. ch. when pushed down)
	Exhaust	Excessive leaks, noise, or smoke. No exhaust leaks,
	Engine	

**Taxi Safety Inspection Form** (This form must be attached to application)

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Person Requesting Inspection: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Make & Model Auto: \_\_\_\_\_

Year: \_\_\_\_\_ VIN: \_\_\_\_\_

Plate#: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Item Inspected: --

Pass ( Fail ) Remarks: \_\_\_\_\_

Tires F \_\_\_\_\_

Tires RF \_\_\_\_\_

Tires LF \_\_\_\_\_

Tires RR \_\_\_\_\_

License Spare \_\_\_\_\_

Horn \_\_\_\_\_

Head lights \_\_\_\_\_

Tail lights \_\_\_\_\_

Brake lights \_\_\_\_\_

Turn signal \_\_\_\_\_

Backup lights \_\_\_\_\_

Flashers \_\_\_\_\_

License plate light \_\_\_\_\_

Windshield Glass \_\_\_\_\_

Windows \_\_\_\_\_

Other glass \_\_\_\_\_

Wipers \_\_\_\_\_

Mirrors \_\_\_\_\_

Brakes & brake fluid \_\_\_\_\_

Heating (Defroster) \_\_\_\_\_

Heating (Heater) \_\_\_\_\_

Scorecard \_\_\_\_\_

Battery \_\_\_\_\_

Power Steering \_\_\_\_\_

Washers \_\_\_\_\_

Windshield washer fluid \_\_\_\_\_

Belts \_\_\_\_\_

Engine \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I have inspected the above identified vehicle and find that it passed/failed the safety inspection according to City Ordinance 2009-17.

Inspector: \_\_\_\_\_ Owner: \_\_\_\_\_

Office of the Clerk Treasurer  
203 E. Broadway, Room 203  
Logansport, In 46947  
574-753-4745

Fingerprinting: \$10.00  
License Fee: \$25.00

NEW      RENEWAL

Application ~~for~~ **for** Limousine Owner  
City of Logansport

Name of Applicate -----

Name of Business: -----

Address of Central Office location: ----- Zip: -----

Home Address: ----- Zip: -----

How long have you lived at this address? ----- Home phone number -----

If less than a year, list previous address: ----- Zip -----

Business Phone Number: ----- Cell Phone Number: -----

Are you a citizen of the United States? Yes      . No      Citizen of -----

Legal Statue of Business: Individual Proprietor \_\_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC -----

If Corporation or LLC. list sta te where incorporated or authorized: -----

Resident Agent's name: -----

Resident Agent's Address: ----- Zip. -----

If Corporation or Partnership, list the name and address of each owner, officer, or partner:

Name

Address

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Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge: -----

If so, list dates: -----

**IF A CORPORATION OR LLC, YOU MUST BRING A CERTIFICATE OF EXISTANCE FROM THE INDIANA SECRETARY OF STATE.**

Date of Incorporation or start-up date or date of first license received by company: \_\_\_\_\_

Specify color scheme and logo used on the vehicle: \_\_\_\_\_

List the number of cabs owned by your company: \_\_\_\_\_

**Please indicate the charges for taxicab service for the following:**

A pick-up charge for trips resulting from a telephone request: \_\_\_\_\_

A pick-up charge for trips not resulting from a telephone request: \_\_\_\_\_

A mileage charge measured in one-fifth (1/5) mile: \_\_\_\_\_

A waiting **charge** -----

An extra passenger **charge**: -----

List the credit cards you accept: \_\_\_\_\_

**REPRESENTATIONS AND PROMISES:**

The licensee and the person signing this application represent that:

1. neither has had any license or registration to operate a business revoked or suspended; Yes\_ No\_
2. neither is delinquent to the City, County or State for any taxes license fees or any other indebtedness; Yes\_ No\_ and
3. **The person signing this application has the authority to sign for the business being licensed.** Yes No \_\_\_

The Registrant and the person signing this application agree:

1. to permit inspections of the business and premises by public authorities acting pursuant to law; Yes\_ No\_
2. **to conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public;** Yes\_\_\_ No\_\_\_
3. to keep the premises clean and free from any sort of rubbish or combustible or explosive materials; Yes\_ No\_
4. that the business and the premises on which the business is conducted, will not be used for any unlawful purpose: Yes\_ No\_
5. that each will comply with all applicable laws, ordinances, regulations, orders and decisions of public officials; Yes\_ No\_ and
6. that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable **ordinance, regulation, order or decision is violated.** Yes\_ No\_

The Registrant and the person signing this application further agree:

1. **to notify the Clerk Treasurer in writing before assigning or transferring the license to any other Person:** Yes\_ No\_
2. to apply in writing to the Clerk Treasurer before changing the location of the business, if Permitted, Yes\_ No\_ and.
3. **to give the Clerk Treasurer written notice, once the business ceases to exist.** Yes\_ No\_

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this **application are true.**

---

Signature

---

**Name Printed**

---

Date Signed

Office of the Clerk Treasurer  
203 E. Broadway, Room 203  
Logansport, In 46947  
574.753.4745

Fingerprinting: \$10.00  
License Fee: \$25.00

NEW      RENEWAL

Application for Taxi Driver/ Limousine Driver  
City of Logansport

Full Name of **Applicant**: \_\_\_\_\_

Name of Business you are working for: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Home phone number \_\_\_\_\_

if less than a year, list previous address: \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are you a citizen of the United States? Yes      No      Citizen of \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Rnc: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

List the date of judgment and description of each **conviction** for a violation of law:

\_\_\_\_\_

List the date of filing, conviction and description of each charge **pending** against the applicant alleging a violation of the law:

\_\_\_\_\_

Was any previous license held in other states ever revoked or suspended: Yes \_\_\_ No \_\_\_

The Licensee and the person signing this application understand and agree that:

1. I will use the shortest practicable routes on all trips: Yes \_\_\_ No \_\_\_
2. I will be clean and free of any body odor detectable to a reasonable passenger: Yes \_\_\_ No \_\_\_
- J. I will have all visible head and facial hair neatly trimmed and combed or brushed: Yes \_\_\_ No \_\_\_**
4. I will be dressed in clean and neat attire consisting of shoes and a collared shirt or blouse and slacks or skin, or dress: Yes \_\_\_ No \_\_\_

5. I will Not wear thongs, sandals, slippers, flip-flops, tank tops, body shirt, see-through clothing, swim wear or sweat clothing: Yes No\_

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true.

---

Signature

---

Name Printed

---

Date Signed

The information requested on this application is pursuant to the requirements set forth under Article 111, Operator Licenses Section 996-23 of the "Revised Code of Ordinances of the City of Logansport" Municipal Code.



<b>Taxi Safety Inspection Form</b> <i>(This form must be attached to application)</i>			<b>Date:</b>
Company Name:		Company Address:	
Person Requesting Inspection:		Address:	Title:
Make & Model Auto:	Year:	VIN:	Plate#:
Insurance Provider:	Insurance Number:		Expiration Date:
Tires LF			
Tires RF			
Tires LF			
Tires RR			
Tires Spare			
Horn			
Head lights			
Tail lights			
Brake lights			
Turn signals			
Back up lights			
Flashers			
License plate light			
Windshield Glass			
Windows			
Other glass			
Wipers			
<b>Mirrors</b>			
Brakes & brake fluid			
Heating (Defroster)			
Heating (Heater)			
Seatbelts			
Battery			
Power Steering			
Hoses			
Windshield washer fluid			
Belts			
Engine			

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have inspected the above identified vehicle and find that it passed/failed the safety inspection according to City Ordinance 2009-17.

Inspector: \_\_\_\_\_ Owner: \_\_\_\_\_

Ordinance 2009-17  
Taxi Inspection List

<b>Tires (no mixing of radial and bias ply tires)</b>	<b>Condition</b>	Tread depth, wear, weathering, bulges, cuts in hoses, at least 1 mm of tread {Using a penny from the edge to the top of Lincoln's head}
Horn	Sound	<b>Does it function</b>
Headlights	Headlights	<b>Both high &amp; low beams operational, cracked, condensation, secure</b>
	Tall lights	Lenses intact, working when on (Red)
	Brake lights	Lenses intact, working when applied (Red)
	<b>Turn signals</b>	Lenses intact, blink when activated {Red in back, Amber in front}
	Back up light	Lenses Intact, working when backing (White light)
	Flashers	Lenses intact, blink when activated {Red in back, Amber in front}
	License platelight	Lenses intact, working when on (White light)
<b>Windows</b>	Operational, safety	Not cracked or broken, Not scratched to the degree it would impair vision. Do side windows function (go up & down)?
Wipers	Operational, condition	Both wipers are functional when on, do blades show sign of wear?
<b>Mirrors</b>	Outside & Inside	<b>Secure. 1. cracked or broken</b>
Brakes		Foot pedal cannot travel more than half-way to the floor, pedal must be solid under pressure. brake light is not on.
Heat/Defroster	Defroster	Must blow hot air above the dash
	<b>Heater</b>	Must blow hot air into vehicle
Seatbelts	Front & back	<b>Missing, frayed, does not snap shut</b>
Under the Hood	Battery	<b>Check color indicator, terminals clean &amp; tight, solid down secure.</b>
	Power Steering	Filled to level
	<b>Hoses</b>	<b>No cuts, cracks, leaks, bulges, chaffing deterioration or rubbing;</b>
	Windshield washer fluid	Filled to level
	Brake fluid	Filled to level
	Belts	Weather checked, proper tension (3/4 inch when pushed down)
	Exhaust	<b>. Excessive leaks, noise, or smoke. No exhaust leaks.</b>