INDIANA	City of Aurora P.O. Box 158 Third & Main Streets Aurora, IN 47001 812-926-1777 Fax 812-926-0838 www.aurora.in.us	Lawrenceburg, 812-	orcement ary Street IN 47025 537-8821 532-2029 ounty.org	Permit No	·	§ App		
PERMIT TYPE	□ Improvement L	ocation Permit	□ Site I	Plan Revie	W			
Applicant / Cont	**Provid	ovide preferred method of contact						
Name:	Phon			No. Email				
SITE INFORMAT	**Provid	Provide preferred method of contact						
Property Owner:			Phone	No		Email		
Mailing Address:			City:			Zip:		
Site Address:		Sec,	Sec, Twp (#		() Rng:	Rng: Acreage:	
Parcel No.		Zoning	Subdiv	rision			Lot:	
Existing Property Use			blic Water her:	□ Well □ Cistern				
PROPOSED IMPR	ROVEMENT(S)							
Project Description:								
additional bedrooms pr Proposed		es 🗆 No		Dimensi	ons:	'- '' X	' _	"
Utilities:	er 🛛 Septic	□ Electric	□ Water	Square F	ootage:	Height	to Peak:	ft.
FLOOD HAZARD								
Is property within a Special Is project within Flood Hazard Area (SFHAs)?						cial	Yes	□ No
FIRM Map No.			Base Floo	d Elevation	1:			
Staff Comments / Con	nditions of Approval:				Required	Additio Appro Health Highway / I BZA / PC	val	Received
NEW ADDRESS	:					BZA / PC Developer / State (e.g. F		
As applicant, I underst	and that this applica	tion and accom	panied plar	is are subi	nitted in acc	ordance with	the City of	Aurora

As applicant, I understand that this application and accompanied plans are submitted in accordance with the City of Aurora Code of Ordinances, including the Zoning Ordinance and Subdivision Control Ordinance. I understand that I have no more than ninety (90) days to complete this permit request and acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for City staff to enter onto the premises to inspect this site to process and complete this permit request.