

TOWN OF BEVERLY SHORES

PERMIT # _____

Application for Residential/Commercial Driveway Permit

DATE _____

Driveway Permit

Name(s) of Legal Owner(s) of Property _____

1. Address _____

2. Phone No. home _____ work _____ e-mail _____

3. Legal Description of Property Block _____ Lot(s) _____ Unit _____

4. Street Address _____

5. Architect _____ 6. Contractor _____

Address _____ Address _____

Phone/E-Mail _____ Phone/E-Mail _____

Attach the following as per Section 155.138 of the Beverly Shores Zoning Ordinance

- A. Copy of recorded deed for property.
- B. For commercial and/or public buildings:
 - Approval, in writing, from the Porter County Building Commissioner
 - Approval, in writing, from the Indiana State Highway Department for driveway cut
- E. Receipt from Town Clerk for: Driveway Permit Administration fee (non- refundable)
- F. Provide three copies of survey showing placement of proposed driveway.

I understand that I am responsible for the removal and/or correction of any deviations from the approved plans.

I certify the above information to be correct and true _____
Owner's Signature / Date

DO NOT WRITE BELOW THIS LINE

Date Received _____

Action of Building Committee or Building Commissioner _____ Approved _____ Disapproved _____
Comments _____

Driveway Permit Fee Assessed _____ Date Applicant Notified _____

I certify, to the best of my knowledge and belief, this permit is issued in conformance with all requirements on the Beverly Shores Zoning Ordinance.

Building Commissioner / Date