

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
C. Receipt from Town Clerk for: Driveway Permit Administration fee (non- refundable)
D. 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