

ZONING CLEARANCE APPLICATION

Valparaiso Planning Department | 166 Lincolnway | Valparaiso, IN 46383 | (219) 462-1161

OFFICE USE ONLY: DATE RECEIVED:
☐ CASH ☐ CHECK ☐ CARD
RECEIPT #:
CHECK/ PAYMENT #:

PROPERTY IDENTIFICATION	TYPE OR PRINT IN INK		
Property Address:	Subdivision:		
For commercial construction, please print business name:			
SECTION 1: APPLICANT INFORMATION			
Applicant Name:	Relationship to Project: Business Owner		
Address:	☐ Property Owner ☐ Developer ☐ Contractor		
Phone:			
Phone: Email: SECTION 2: DEVELOPER/PROPERTY OWNER INFORMATION			
DEVELOPER INFORMATION	PROPERTY OWNER INFORMATION		
Name:			
Address:			
City, State, Zip:	City, State, Zip:		
Phone:			
Email:			
SECTION 3: PROPERTY INFORMATION			
Zoning District:	Area of Parcel:		
Existing Use:	Open Space Ratio:		
Proposed Use:			
Building Square Footage:	Gross Density:		
Building Coverage %:	Net Density:		
SETBACKS	DESCRIPTION OF PROJECT		
Front Yard:			
Rear Yard:			
N/S/E/W Side Yard:			
N/S/E/W Side Yard:			

SECTION 4: CHECK LIST	PLEASE INCLUDE WHEN APPLICABLE:
 □ Landscape Plan □ Landscaping (Divided into Tables such as On-Lot Landscaping, Parking Lot Landscaping etc.) □ Landscaping Materials (Common Name, Latin Name, # of materials) □ Tree Survey □ Colored Building Elevations □ Detailed Site Plan □ Bicycle Parking (Demonstrated on Site Plan) 	 □ Ratio/Density/Coverage Calculations □ Dumpster Enclosure Details □ Building Materials List □ Fencing Details □ Bufferyard and Setbacks □ Parking Calculations □ Parking Plan (Demonstrated on Site Plan) □ Photometric Plan
OFFICE USE ONLY:	
Permit # ZC Date Received:/	/ Date Responded://
Property designated as a single site historic district or within an establishe (building and site) from the Historic Preservation Commission prior to issua date of issuance. Application shall be submitted along with processing fee of	nce of a Zoning Clearance. Zoning Clearance valid for one year from
APPLICANT SIGNATURE X	DATE:
APPLICANT PRINT NAME:	