

**APPLICATION FOR:**  
**CHANGE OF USE PERMIT**

DATE: \_\_\_\_\_

PERMIT NO.: 20 - \_\_\_\_\_

EXISTING (OR PRIOR) USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

Address of property: \_\_\_\_\_

Lot # and subdivision: \_\_\_\_\_

Estimated cost of improvements: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's phone: \_\_\_\_\_

The applicant hereby certifies that all information on, and attached to, this application is true and correct. The applicant also declares that no part of the land involved in this application has been previously used to provide required yard space and/or lot area for another use or building. The applicant acknowledges that all construction will be in compliance with the all applicable building codes.

OWNER OR OWNER'S AGENT \_\_\_\_\_  
SIGNATURE

In issuing this permit, the City of New Carlisle acknowledges that the building and/or the use represented herein is in compliance with the zoning regulations of the City of New Carlisle, Codified Ordinance Sections 1240 through 1286. It is the responsibility of the property owner to make sure that the construction and use are as stated on this application and plan, and to assure compliance with any other applicable laws.

ZONING INSPECTOR \_\_\_\_\_  
SIGNATURE DATE

**PLEASE NOTE: IF A SIGN IS NEEDED FOR THE NEW USE ASSOCIATED WITH THIS APPLICATION, A SIGN PERMIT IS REQUIRED. THE SIGN PERMIT APPLICATION CAN BE OBTAINED THROUGH THE PLANNING DEPARTMENT.**

<b>FOR OFFICE USE ONLY</b>					
Date Filed with Planning Department _____	<b>Fee: \$25.00</b>	Fee Paid			
Board of Appeals Approval?      Yes      No	\$ _____	Conditional Use?	Yes	No	
Change of a Nonconforming Use?    Yes      No		Abuts a Residential District?	Yes	No	
<b>ADDITIONAL REQUIREMENTS/NOTES:</b> _____					
_____					
_____					
_____					
_____					
<b>APPLICATION REVIEW:</b> _____					<small>INITIALS/DATE</small>