



## JOHNSON COUNTY DEPARTMENT OF PLANNING AND ZONING IMPROVEMENT LOCATION PERMIT

**LOCATION OF WORK:**

ADDRESS: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

(IF APP.) SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT #: \_\_\_\_\_

**CONTRACTOR:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #1: \_\_\_\_\_

TELEPHONE #2: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPERTY OWNER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**NATURE OF WORK (please specify):**

- ☐ COMMERCIAL INFRASTRUCTURE \_\_\_\_\_
- ☐ LAKE/POND \_\_\_\_\_
- ☐ EARTHWORK \_\_\_\_\_
- ☐ UTILITY INSTALLATION \_\_\_\_\_
- ☐ OTHER, SPECIFY \_\_\_\_\_

**DETAILS:**

- ☐ PROJECT LENGTH \_\_\_\_\_
- ☐ PROJECT AREA \_\_\_\_\_
- ☐ DRIVEWAY PERMIT #. \_\_\_\_\_
- ☐ APPROX. VALUE OF CONSTRUCTION: \$ \_\_\_\_\_
- ☐ OTHER \_\_\_\_\_

**STORMWATER POLLUTION PREVENTION PLAN**

APPLICATION SUBMITTED \_\_\_\_\_

APPLICATION REVIEWED \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY. I WILL PERFORM THE WORK, AFTER RECEIVING THE IMPROVEMENT LOCATION PERMIT AT THE DEPARTMENT OF PLANNING AND ZONING, ACCORDING TO THE CURRENTLY ADOPTED CODES, ORDINANCES, CONDITIONS, AND OBTAIN THE NECESSARY INSPECTIONS.

Your Name: \_\_\_\_\_

*Signature of Applicant* *Name Printed/Typed* *Date*

**DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)**

RECEIVED (Date/Time) \_\_\_\_\_

SECTION: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

RANGE: \_\_\_\_\_

PLAT MAP #: \_\_\_\_\_

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

**BEGINNING DATE** \_\_\_\_\_**ENDING DATE** \_\_\_\_\_

PERMIT #: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_

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

CL # \_\_\_\_\_ Current? ☐ YES☐ NO**RELEASED FOR CONSTRUCTION:**\_\_\_\_\_  
SITE PLAN per \_\_\_\_\_\_\_\_\_\_  
BUILDING per \_\_\_\_\_**APPLICATION DENIED:** \_\_\_\_\_