

Accessory Residential Structure Permit Application

(includes attached or detached decks, sheds, garages, living or storage areas, etc)

Filing Requirements

Accessory Structure Applications will not be accepted unless the following three items are included with your application.

- A complete application – Sections 1 and 2 must be completed and the application signed
- One site plan – showing proposed location and setbacks from property lines
- Application fee \$_____ (check payable to the Allen County Treasurer)

Please complete 1 through 8 in this Section

**Section 1:
Application Information**

1. Project Address _____
2. Project Description _____
3. Project Structure: Shed Garage Barn Open Porch Deck Other (not pools)
4. Total Square Footage: _____
5. Height: _____ (Measured from the ground to the peak of structure)
6. Is this site served by a septic system? Yes / No
7. Estimated Construction Cost: _____
8. Estimated Completion Date: _____

**Section 2:
Signature**

Applicant Name _____
Address _____
City _____ State _____ Zip _____
Contact Phone Number _____ E-mail _____

This Permit is signed by the applicant and issued by the Zoning Administrator, or its duly authorized agent, pursuant to Indiana Code Title 36-7-4, Allen County Code 3 (if in the Allen County), or City of Fort Wayne Code § 157 (if in the City of Fort Wayne). The Applicant granted permission to proceed with the application for the project, but only as approved by the express terms of this Permit. Construction must begin within 90 days of the issuance of this permit; and if construction is not timely commenced, then this Permit shall expire and shall be null and void. There shall be no occupancy and/or use of the project until a Certificate of Compliance is issued by the Zoning Administrator and a Certificate of Occupancy is issued by Allen County Building Commissioner. I ACKNOWLEDGE AND UNDERSTAND THAT THE PROPOSED IMPROVEMENT AT THE ABOVE ADDRESS MAY NOT BE PERMITTED BY AN ASSOCIATION/NEIGHBORHOOD'S RESTRICTIVE COVENANTS AND/OR PLAT. THE DEPARTMENT OF PLANNING SERVICES IS REVIEWING THE PERMIT FOR ZONING ORDINANCE REGULATIONS AND AN ASSOCIATION (IF APPLICABLE) SHOULD BE CONTACTED REGARDING PRIVATE RESTRICTIONS. THE DEPARTMENT OF PLANNING SERVICES DOES NOT ENFORCE PRIVATE RESTRICTIVE COVENANTS OR AGREEMENTS. **THIS IS NOT A BUILDING PERMIT.**

Applicant Signature: _____ Date: _____

Office Use Only – Do Not Fill Out Information Below this Line

Planning Jurisdiction: AC FW HT WB GB MV

Payment Type: Cash Check Credit Card (on line only) Rcpt # _____

Check #/Credit Card Approval #/Cash Amount: _____

Approved By: _____ ILP- _____



