

Planning & Economic Business Development

City of East Chicago, City Hall
 4525 Indianapolis Boulevard, Lower Level, East Chicago, Indiana 46312
 Telephone: (219) 391-8205; Fax: (219) 391-8522; Website: www.eastchicago.com



Anthony Copeland
Mayor

2021 PROJECT INTAKE FORM

BASIC INFORMATION:

PROJECT NAME:	
PROJECT ADDRESS:	
DATE SUBMITTED:	
FORM SUBMITTED BY:	SIGNATURE:

CONTACT INFORMATION:

OWNER/ORGANIZATION:	CONTACT PERSON:	PHONE:	EMAIL:
ARCHITECTURAL FIRM:	CONTACT PERSON:	PHONE:	EMAIL:
PROJECT MANAGER:	CONTACT PERSON:	PHONE:	EMAIL:

The following documents will be needed when submitting this application.

- Proof of Ownership
- Parcel number(s): (Please provide complete list of Parcels)

BUILDING/SITE DESCRIPTION:

Class 1 Structure? (industrial, commercial)	* Yes * No
Is the project in a Flood zone?	* Yes * No

	Existing Structure	New Structure	Other:
Residential	* Yes	* Yes	
If "yes" specify the following:			
Describe type of residential structure			
No. of dwelling units			
Gross floor area (sq. ft.)			

	Existing Structure	New Structure	Other:
Commercial	* Yes	* Yes	
If "yes" specify the following:			
Describe type (retail, office, etc.)			
Gross floor area (sq. ft.)			

	Existing Structure	New Structure	Other:
Industrial	* Yes	* Yes	
If "yes" specify the following:			
Type of use			
Gross Floor area (sq. ft.)			
Open Storage area (sq. ft.)			
If any unenclosed activities, specify:			

Other Land Uses	
If "yes," describe	

PROJECT VALUATION/ FUNDING:

Estimated Dollar Valuation of Project:	\$
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**Please note that all personal information submitted to the City of East Chicago is confidential, to the extent permitted by law.*

INTERNAL USE

Date Received: _____ **Data Research Date:** _____ **Ref/Initials:** _____

Lot Fronts on (Street Names): _____

Lot: _____ **Block:** _____ **Section:** _____ **Range:** _____ **Township:** North **County:** Lake

Tech Review Date: _____

Additional Comments:

Plan Commission Date: _____

Additional Comments:

BZA Hearing Date: _____

Existing Zoning: _____ **Proposed Zoning:** _____

Additional Comments:
