



# SITE REVIEW APPLICATION

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

**OFFICE USE ONLY:**

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

PAYMENT RECEIVED: \_\_\_\_\_

CASH  CHECK

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

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

To be completed by the applicant and submitted via email in PDF format to the Planning Department or to the Office of the Clerk Treasurer along with the processing fee of **\$100.00**, payable to the City of Valparaiso. Applications not accompanied by the processing fee will be held until payment is received. Applications shall be submitted with **one (1) set** of project drawings and/or site plans physically and **one (1) set** via email in PDF format to the Planning Department to be reviewed by the Site Review Committee. Application and fee shall be received at **least one (1) week** ( five (5) working days) prior to the meeting for which review is sought. Site review takes place **every Tuesday beginning at 9 AM** on a **first-come first-served basis**. Call (219) 462-1161 or email the Planning Department for more information.

**PROPERTY IDENTIFICATION** **TYPE OR PRINT IN INK**

Property Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Project Name: \_\_\_\_\_

For commercial construction, please print business name: \_\_\_\_\_

**SECTION 1: APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Relationship to Project:  Business Owner

Address: \_\_\_\_\_  Property Owner  Developer  Contractor

\_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: DEVELOPER/PROPERTY OWNER INFORMATION**

<i>DEVELOPER INFORMATION</i>	<i>PROPERTY OWNER INFORMATION</i>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

**SECTION 3: DESCRIPTION OF PROJECT**

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROJECT CONT.**

**SECTION 4: RELEVANT QUESTIONS**

Has this project been reviewed by the Site Review Committee before?  Yes  No **If yes, when?** \_\_\_\_\_  
Has any element of the project changed?  Yes  No Has any project contact information changed?  Yes  No  
If yes, what changes have taken place? \_\_\_\_\_

**SECTION 5: CHECKLIST**

**PLEASE INCLUDE WHEN APPLICABLE:**

Site Reviews are scheduled on a **first-come first-served basis** every Tuesday from 9:00 AM through 10:30 AM. Please review and complete the following checklist. It is **REQUIRED** to submitted site plans/floor plans showing the **EXISTING CONDITIONS** and **PROPOSED CHANGES**. *Check all items that are applicable* and provide the required information. Some items listed below may not be required if proposed project is only an interior build out.

**NOTE: IF THE PLANS SUBMITTED DO NOT SHOW THE EXISTING CONDITIONS AND PROPOSED CHANGES, THE PROJECT WILL NOT BE PLACED ON THE AGENDA FOR SITE REVIEW UNTIL THIS INFORMATION IS RECEIVED. ADDITIONAL INFORMATION MAY BE REQUESTED PRIOR TO OR DURING THE SITE REVIEW PROCESS.**

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|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Application, \$100 Fee and one (1) set of site plans/floor plans submitted to Clerk Treasurer’s Office by no later than 4:30 PM one (1) week (five (5) working days) prior to the site review date being sought. Digital Application submitted to Planning Staff.</li> <li><input type="checkbox"/> Application must include the business name.</li> <li><input type="checkbox"/> Application must include a written description of the project.</li> <li><input type="checkbox"/> North Arrow</li> <li><input type="checkbox"/> Correct Address (Suite # Included)</li> <li><input type="checkbox"/> All Food Establishments must contact the Porter County Health Department</li> <li><input type="checkbox"/> Landscape Plan w/ Tables listing Landscaping Materials</li> <li><input type="checkbox"/> Dumpster Enclosure Details</li> <li><input type="checkbox"/> Site Plan/Floor Plan – Must be to Scale</li> <li><input type="checkbox"/> Dimensions – Must be accurate &amp; Legible</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Proposed Grades</li> <li><input type="checkbox"/> Utility Connections</li> <li><input type="checkbox"/> Drive Access Location(s) &amp; Width(s)</li> <li><input type="checkbox"/> Storm Water Management Features</li> <li><input type="checkbox"/> Existing/Proposed Hard Surface Area</li> <li><input type="checkbox"/> Frontage Improvements (Sidewalk, Curb, Gutter, Roadway Widening, etc.)</li> <li><input type="checkbox"/> Erosion Control Measures</li> <li><input type="checkbox"/> Colored Building Elevations</li> <li><input type="checkbox"/> Ratio/Density/Coverage Calculations</li> <li><input type="checkbox"/> Building Materials List</li> <li><input type="checkbox"/> Setbacks</li> <li><input type="checkbox"/> Parking Plan (Can be Demonstrated on Site Plan</li> <li><input type="checkbox"/> Photometric Plan</li> </ul> |
|---|---|

**ACKNOWLEDGEMENT OF TERMS**

The undersigned applicant, as representative for the aforementioned project, acknowledges the application requirements as outlined above, and understands the application will be held until proper receipt of complete application and application fee. Upon receipt of the application, fee and required materials, the application will be processed, and the applicant will be notified of the date and time of the review of the project as submitted. Site Reviews expire after a period of one (1) year from the date of the meeting.

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**APPLICANT SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT PRINT:** \_\_\_\_\_