



Application for a Zoning Permit

City of Peru Building & Zoning
35 S Broadway, Peru, IN 46970
Phone: 765-473-4881

www.cityofperu.org

For Staff Use Only

Submittal Date: _____

Complete Date: _____

Fee: _____

Staff: _____

Case # _____

ADDRESS CHANGE/ASSIGNMENT

APPLICANT INFORMATION

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNERS _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PRIMARY POINT OF CONTACT: ☐ APPLICANT ☐ OWNER

PROPERTY INFORMATION

ADDRESS OR PROPERTY LOCATION FOR THE CHANGE: _____

LEGAL DESCRIPTION OF PROPERTY: _____

PARCEL ID# _____

APPLICATION INFORMATION

☐ ADDRESS CHANGE ☐ ADDRESS ASSIGNMENT

REASON FOR ADDRESS REQUEST:

☐ NEW PROPERTY. NO CURRENT ADDRESS

☐ RENOVATION OF PRIMARY ACCESS FROM ONE STREET TO ANOTHER.

☐ OTHER: _____

NEW ADDRESS: _____

APPLICANT SIGNATURE/OFFICE REVIEW

SIGNATURE OF PROPERTY

OWNER/APPLICANT: _____ DATE: _____

SIGNATURE OF PROP OWNER: _____ DATE: _____

SIGNATURE OF ZONING ADMIN: _____ DATE: _____

Letters will be sent to the USPS, County Building Commissioner, Assessor's Office and 911 Dispatch office with information on the new address so their records can be updated.