PLANNING & ECONOMIC DEVELOPMENT

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

2026 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 will be needed when submitting this application.

- ☐ **Proof of Ownership**
- ☐ **Preliminary Site Evaluation**
- ☐ **Environmental Permits & SWPPP**
- ☐ **Parcel number(s): (Please provide complete list of parcels)**

_____

_____

***** Please note 1 electronic and 2 full sets of plans (minimum 36") must be submitted 7-10 days prior to tech review***

BUILDING / SITE DESCRIPTION:

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

Please contact the Planning Department with any questions or concerns (219) 391-8205.

	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:			

Storm Water Mgmt.	
Environmental Permit(s) needed for project	

Prelim Site Review	___ Building ___ Engineering ___ Planning
Date:	

Please contact the Planning Department with any questions or concerns (219) 391-8205.

Other Land Uses	
If “yes”, describe	

PROJECT VALUATION / FUNDING:

Estimated Dollar Valuation of Project:	$

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): _____**Zoned:** _____

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

Tech Review Date: _____ ☐ **2 Full sets drawings / 1 digital** ☐ **Rendering** ☐ **Class I CDR**

CDR STATE PROJECT # _____

Additional Comments:

_____

_____

_____

Plan Commission Date: _____

Additional Comments:

_____

_____

_____

BZA Hearing Date:_____

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

Additional Comments:

_____

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