

FOR OFFICE USE ONLY:

PERMIT # \_\_\_\_\_



CONTRACTOR

# BUILDING PERMIT APPLICATION

1443 – 119<sup>TH</sup> STREET, CITY OF WHITING, INDIANA 46394

PHONE (219) 659-7700

FAX (219) 473-4452

[WWW.WHITINGINDIANA.COM](http://WWW.WHITINGINDIANA.COM)

CONTRACTOR'S NAME	HOME PHONE	CELL PHONE
BUSINESS ADDRESS	WORK PHONE	
CITY	STATE	ZIP
PROJECT ADDRESS	HOME PHONE	
HOMEOWNER'S NAME	WORK PHONE	CELL PHONE

**WORK BEING DONE:**

- |   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/> ADDITION*        | <input type="checkbox"/> WINDOW REPLACEMENT | <input type="checkbox"/> RE-ROOF        | <input type="checkbox"/> FENCE* |
| <input type="checkbox"/> GARAGE*          | <input type="checkbox"/> DEMOLITION         | <input type="checkbox"/> RE-SIDE        | <input type="checkbox"/> _____  |
| <input type="checkbox"/> FOUNDATION ONLY* | <input type="checkbox"/> PLUMBING           | <input type="checkbox"/> DECK*          | <input type="checkbox"/> _____  |
| <input type="checkbox"/> GENERAL REPAIR   | <input type="checkbox"/> HVAC               | <input type="checkbox"/> SWIMMING POOL* | <input type="checkbox"/> _____  |

\*FOR THIS WORK, CONTRACTOR MUST EITHER OBTAIN A STAKE SURVEY, OR READ AND SIGN THE PROPERTY SURVEY NOTICE.

**PROPOSED USE:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> SINGLE FAMILY HOME    | <input type="checkbox"/> CHURCH/RELIGIOUS BLDG.     | <input type="checkbox"/> PUBLIC UTILITY        |
| <input type="checkbox"/> APT/MULTI-FAMILY HOME | <input type="checkbox"/> INDUSTRIAL                 | <input type="checkbox"/> EDUCATIONAL (LIBRARY) |
| <input type="checkbox"/> GARAGE                | <input type="checkbox"/> SERVICE STATION            | <input type="checkbox"/> STORE                 |
| <input type="checkbox"/> CARPORT               | <input type="checkbox"/> PROFESSIONAL (OFFICE/BANK) | <input type="checkbox"/> _____                 |

PROVIDE A BRIEF DESCRIPTION OF THE WORK BEING DONE: (I.E. FOR PLUMBING WORK, ENTER 'UPSTAIRS BATHROOM)

COST OF PLUMBING	COST OF HEATING/AC	REMAINING COST	TOTAL COST

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED, BY THE OWNER OF THE NAMED PROPERTY, AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. I CERTIFY THAT A BUILDING DEPARTMENT INSPECTOR SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY THIS PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODES APPLICABLE TO THIS PERMIT. I ALSO HEREBY CERTIFY THAT I HAVE IMPLEMENTED A RECYCLING PROCEDURE WHICH COMPLIES WITH THE REQUIREMENTS OF THE LAKE COUNTY SOLID WASTE DISTRICT GUIDELINES.

CONTRACTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IN ADDITION TO THIS APPLICATION, ATTACH A) A COPY OF THE CONTRACT OR PROPOSAL WHICH DETAILS THE COST OF THE WORK SIGNED BY THE HOMEOWNER, AND B) A PLAN (DRAWN TO SCALE) SHOWING THE PROPOSED CONSTRUCTION OR REMODELING. THIS MUST EVIDENCE TO THE CITY THAT THE CONSTRUCTION IS WITHIN THE LIMITS OF THE NAMED PROPERTY. IT MUST MEET THE SETBACK RULES AND OTHER ORDINANCES AND LAWS REQUIRED TO MEET THE ZONING REQUIREMENTS AND/OR BUILDING CODES. **REMEMBER,** YOU MUST CALL 1-800-382-5544 TWO DAYS BEFORE YOU DIG.

APPROVAL OF BUILDING COMMISSIONER \_\_\_\_\_ DATE \_\_\_\_\_