

FOR OFFICE USE ONLY:

PERMIT # _____

RECEIPT # _____

DATE _____



HOMEOWNER

BUILDING PERMIT APPLICATION

1443 – 119TH STREET, CITY OF WHITING, INDIANA 46394

PHONE (219) 659-7700

FAX (219) 473-4452

WWW.WHITINGINDIANA.COM

HOMEOWNER'S NAME	WORK PHONE	CELL PHONE
PROJECT ADDRESS		HOME 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:

SINGLE FAMILY HOME APT/MULTI-FAMILY HOME

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
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I HEREBY CERTIFY THAT I AM 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 WILL NOT EMPLOY PAID CONTRACTORS FOR THE ABOVE-MENTIONED WORK ON THIS PROJECT. THE WORK WILL BE COMPLETED BY MYSELF, A RELATIVE OR OTHER NON-COMPENSATED VOLUNTEERS. I AGREE THAT VOLUNTEERS WILL NOT BE LEFT UNATTENDED AND THAT I WILL BE PRESENT WHILE WORK IS BEING PERFORMED. I UNDERSTAND HIRING AN UNLICENSED CONTRACTOR IS A VIOLATION OF CITY ORDINANCE (WHICH PROVIDES FOR THE LICENSING/REGISTRATION OF CONTRACTORS IN THE CITY) FOR WHICH THE CONTRACTOR AND I CAN BE LIABLE FOR PENALTIES. IF I HIRE A LICENSED CONTRACTOR, I AGREE TO CONTACT THE CITY OF WHITING BUILDING DEPARTMENT AND PROPERLY UPDATE THE PROJECT FILE. ALL APPLICABLE INDIANA AND CITY OF WHITING CODES WILL BE FOLLOWED IN THE INSTALLATION, AND I AGREE TO CALL FOR INSPECTIONS IN APPROPRIATE.

HOMEOWNER'S SIGNATURE _____ **DATE** _____

IN ADDITION TO THIS APPLICATION, ATTACH 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** _____