



CITY OF LAKE STATION
1969 CENTRAL AVE.
LAKE STATION, IN 46405
PH: 962.4444 Fx: 850.1386

BUILDING AND ZONING PERMIT APPLICATION

Permit No. _____

Please fill out the following information. You will receive a telephone call when your permit is ready for pickup.
*Note: Please Allow 3-4 Business Days to Process your Application. The application fee is non-refundable.

Date: ____ / ____ / ____

An application is hereby filed by: _____

Name

Phone

Address

To be located at: _____

Street Address

Property Owner: _____

Name

Phone

On the following described property: (legal description) _____

Type of Structure: _____ Zoning District: _____

Is this new Construction? Yes/No (If applicable Electrical, HVAC, Sewer, and Plumbing permits are required)

Type of Construction: _____

The Size of Proposed Construction: _____ sq. ft. Max. Height to be: _____ Size of Lot: _____

Distance to Nearest Property Line: _____ Frontyard "Set Back": (Inside Property Line) _____
(City ordinance requires sidewalks along both front and side streets of all developed property)

In special Flood Hazard Area (100 Year Flood Plain)? Yes / No

Plat of Survey to be attached? An "Occupancy Permit" to be obtained prior to occupancy?

State Release on file? State Release not required?

Non Compliance of Zoning Ordinance(s): _____

Estimate Value (Value to include Labor and Materials to complete) \$ _____

Building Inspector

Signature

Applicant Signature