



CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 (219) 850-1331

NEW CONSTRUCTION BUILDING PERMIT APPLICATION

PERMIT NO. _____

DATE: ____/____/____

*MUST HAVE A WORK ORDER OR CONTRACT OR PERMIT WILL NOT BE ISSUED:

*MUST CALL FOR ALL INSPECTIONS TO THE BUILDING DEPT: 219-850-1331

*ALL TRUCKS MUST BE LETTERED WITH BUSINESS NAME ON THEM, OR JOBS WILL BE STOPPED,

*MAKE SURE PERMITS ARE POSTED ON CUSTOMERS FRONT WINDOW.

*MUST TURN IN ALL PLANS TO THE BUILDING COMMISSIONER

CONTRACTORS BUSINESS NAME:

Name Phone

Address

IF SUBBING, SUBS MUST BE LICENSED: (all inspections must be called in for rough and final): _____

ADDRESS

To be located at: _____
Street Address

Property Owner: _____
Name Phone

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

MUST ANSWER

IF OPENING WALLS, MUST UPDATE ELECTRICAL WORK, MUST HIRE AN ELECTRICAL CONTRACTOR TO DO THE WORK, no drywall or insulation, until the 1st. inspection is done and past, or you will get ask to take down: _____

***** PLEASE NOTE: ALL CONNECTIONS WILL BE CLASSIFIED TO THE SAME ADDRESS*****

Distance to nearest Property Line: _____ Front yard "Setback" (Inside property line): _____
(City ordinance requires sidewalks along both front and side streets of all developed property)

*OCCUPANCY PERMIT MUST BE OBTAINED AFTER FULL REMODELING AND ALL INSPECTIONS ARE DONE AND PASSED.

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



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Building Inspectors

Signature: _____

Applicant Signature: _____

BUILDING AND ZONING PERMIT APPLICATION NEW CONSTRUCTION

Type and Location of Roof Trusses:

Type and Location of Floor Trusses:

Type and Location of I-Joist:

Contractor Signature

Date