



CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 Phone: (219) 850-1331 Fax: (219) 850-1386

PLUMBING PERMIT APPLICATION

PLEASE FILL OUT THE FOLLOWING INFORMATION. THE APPLICATION FEE IS NON-REFUNDABLE.

PERMIT NO. _____

DATE: ____ / ____ / ____

AN APPLICATION IS HEREBY FILED BY:

NAME _____ PHONE _____

ADDRESS _____

TO BE LOCATED AT: _____

STREET ADDRESS _____

PROPERTY OWNER: _____
NAME PHONE

DESCRIPTION/TYPE OF PLUMBING JOB:

TYPE OF STRUCTURE: _____ ZONING DISTRICT: _____

PLEASE CIRCLE THE APPROPRIATE ANSWER BELOW
IN SPECIAL FLOOD HAZARD AREA: YES/NO
IS THIS PLUMBING FOR NEW CONSTRUCTION: YES/NO

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

Building Inspectors Signature _____

Applicant Signature _____