



**TOWN OF LOWELL
BUILDING PERMIT APPLICATION
MISCELLANEOUS**

501 East Main Street ♦ P.O. Box 157
Lowell, Indiana 46356
Phone:(219) 696-7794 ♦ Fax: (219)696-7796

PROPERTY OWNER DATA

NAME: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

PROJECT DATA

PROJECT CONTACT PERSON: NAME: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

PROJECT STREET ADDRESS: _____, LOWELL, IN 46356

PROPERTY TAX ID #: _____ TOWNSHIP: _____ ZONING: _____

LEGAL DESCRIPTION (BY ATTACHMENT IF METES AND BOUNDS):

SUBDIVISION NAME: _____ LOT #: _____ BOOK & PAGE: _____

PERMIT TYPE

- ACCESSORY STRUCTURE REHAB/REMODEL SIGN GENERATOR
 ELECTRICAL PLUMBING HVAC DEMOLITION
 OTHER: ATTACH DESCRIPTION

TOTAL COST OF PROJECT: \$ _____

CONTRACTORS LICENSE INFORMATION

	NAME	LICENSE NUMBER	TELEPHONE
GENERAL			
ELECTRICAL			
PLUMBING			
HVAC			
EXCAVATION			
FOUNDATION			
ROUGH CARPENTER			
TRIM CARPENTER			
DRYWALL			
ROOFING			
INSULATION			
CONCRETE			
OTHER: _____			

ATTACH ALL REQUIRED DOCUMENTS AND INFORMATION AS OUTLINED ON THE ATTACHED INFORMATION SHEET

AFFIDAVIT COMPLETED BY OWNER/AGENT

STATE OF INDIANA |
 COUNTY OF LAKE | §§

The information contained in this building permit application and all attached exhibits are, to the best of my knowledge and belief, true and correct.

The owner, lessee, or contractor hereby agrees to abide by and comply with the conditions of all building and health laws of the State of Indiana and the zoning, building and licensing ordinances of Lake County and Lowell, Indiana, and furthermore, understands that any variations or violations from the provisions of the above-mentioned laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.

 PRINTED NAME OF OWNER OR OWNER'S AGENT

 SIGNATURE OF OWNER OR OWNER'S AGENT

 AGENT'S RELATIONSHIP TO OWNER

 AGENT'S ADDRESS

OFFICE USE ONLY: AUTHORIZATIONS

DEPARTMENT	REQUIRED	APPROVED	DATE
LICENSE			
SITE PLAN			
PLAN REVIEW			
FLOODPLAIN			

FEES	
BUILDING	\$
HVAC	\$
ELECTRIC	\$
PLUMBING	\$
C.O.	\$
ZONING	\$
TOTAL	\$

AUTHORIZED SIGNATURE _____ DATE _____