

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 NUMBE	R:				
PROJECT DATA PROJECT	CONTACT PER	RSON: NAME:						
	E-MAIL ADDRESS:							
PROJECT STREET ADDRESS	:				_, LOWELL, IN 46356			
PROPERTY TAX ID #:		TOWNS	HIP:	ZONING	:			
LEGAL DESCRIPTION (BY A	TTACHMENT II	METES AND BOUNDS):						
SUBDIVISION NAME:			LOT #:	BOOK & PAGE:				
D ELEC	RMIT TYPE							
TOTAL COST OF PROJECT:	\$							
CONTRACTORS LICENSE INF	ORMATION							
		NAME	LICENSE N	UMBER	TELEPHONE			
GENERAL								
ELECTRICAL								
PLUMBING								
HVAC								
EXCAVATION								
FOUNDATION								
ROUGH CARPENTER								
TRIM CARPENTER								
DRYWALL								
ROOFING								
INSULATION								
CONCRETE								
OTHER:								
ATTACH ALL REQUIR	ED DOCUMEI	NTS AND INFORMATION AS	OUTLINED ON TH	E ATTACHED INFO	RMATION SHEET			

Page | 1 of 2 IF ALL REQUIRED INFORMATION IS PROVIDED IN A TIMELY MANNER 7/8/20

PERMITS TAKE UP TO TEN BUSINESS DAYS TO PROCESS

STATE OF INDIANA COUNTY OF LAKE The information contained in this building permit application and all attached exhibits are, to the best of no knowledge and belief, true and correct. The owner, lessee, or contractor hereby agrees to abide by and comply with the conditions of all building a health laws of the State of Indiana and the zoning, building and licensing ordinances of Lake County and Lowell, in and furthermore, understands that any variations or violations from the provisions of the above-mentioned laws a 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 SIGNATURE OF OWNER OR OWNER'S AGENT AGENT'S ADDRESS DEPARTMENT REQUIRED APPROVED DATE LICENSE SITE PLAN PLAN REVIEW FLOODPLAIN DATE FEES BUILDING \$ HVAC \$ ELECTRIC \$ PLUMBING \$ C.O. \$ ZONING \$ TOTAL SIGNATURE DATE	AFFIDAVIT COMPLE	TED BY OWNER	R/AGENT				
and furthermore, understands that any variations or violations from the provisions of the above-mentioned laws a 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 DEFICE USE ONLY: AUTHORIZATIONS DEPARTMENT REQUIRED APPROVED DATE LICENSE BUILDING \$ HVAC \$ ELECTRIC \$ PLUMBING \$ C.O. \$ ZONING \$ TOTAL \$	COUNTY OF LAKE The info knowledge and b The own	§§ rmation conta pelief, true and er, lessee, or o	d correct. contractor hereby	agrees to abid	e by and comply with the cond	litions of all building and	
AGENT'S RELATIONSHIP TO OWNER AGENT'S ADDRESS DEFICE USE ONLY: AUTHORIZATIONS DEPARTMENT REQUIRED APPROVED DATE LICENSE LICENSE SITE PLAN PLAN REVIEW FLOODPLAIN FLOODPLAIN DATE BUILDING \$ HVAC \$ ELECTRIC \$ PLUMBING \$ C.O. \$ ZONING \$ TOTAL \$	and furthermore	e, understands	that any variation	ns or violations	from the provisions of the abo	ve-mentioned laws and	
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NAC	DEPARTMENT	REQUIRED	APPROVED DATE			FEES	
PLAN REVIEW FLOODPLAIN ELECTRIC \$ PLUMBING \$ C.O. \$ ZONING \$ TOTAL \$	LICENSE				BUILDING	\$	
PLUMBING \$ C.O. \$ ZONING \$ TOTAL \$	SITE PLAN				HVAC	\$	
C.O. \$ ZONING \$ TOTAL \$	PLAN REVIEW				ELECTRIC	\$	
ZONING \$ TOTAL \$	FLOODPLAIN				PLUMBING	\$	
TOTAL \$					C.O.	\$	
					ZONING	\$	
AUTHORIZED SIGNATURE DATE					TOTAL	\$	
	AUTHORIZED SIGN	IATURE			DATE		
Page 2 of 2							

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