



**TOWN OF LOWELL**  
**NEW CONSTRUCTION BUILDING PERMIT APPLICATION**  
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**

**NON-RESIDENTIAL (CLASS 1)**

**RESIDENTIAL (CLASS 2)**

TYPE: \_\_\_\_\_

SINGLE FAMILY     DUPLEX     MULTI-FAMILY: NUMBER: \_\_\_\_\_

TOTAL COST: \_\_\_\_\_

TOTAL COST: \_\_\_\_\_

**CONTRACTORS LICENSE INFORMATION**

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

**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, 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

**OFFICIAL USE ONLY: AUTHORIZATIONS**

DEPARTMENT	REQUIRED	APPROVED	DATE
LICENSE			
SITE PLAN			
PLAN REVIEW			
FLOODPLAIN			

FEES	
BUILDING	\$
HVAC	\$
ELECTRIC	\$
PLUMBING	\$
OTHER:	\$
C.O.	\$ 25
ZONING	\$ 50
<b>TOTAL</b>	<b>\$</b>

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOWN OF LOWELL  
PERMIT APPLICATION ATTACHMENTS FOR  
NEW CONSTRUCTION PERMITS

EACH PERMIT PACKAGE MUST INCLUDE TWO COPIES OF EACH OF THE FOLLOWING:

**PLAT OF SURVEY INCLUDING:**

- Seal of a licensed Indiana land surveyor
- Shape, location, and dimensions of the lot or parcel
- Shape, size and location of all buildings or other structures to be erected, altered or moved
- Any building or other structure already on the lot or parcel
- All proposed driveways, sidewalks, and easements with dimensions
- Utilities already on the lot or parcel
- Zoning setbacks
- Existing grades at lot or parcel corners, curbs, and center of building area
- Proposed elevation of the finished floor and lot or parcel corners
- Arrows indicating the proposed surface drainage
- Lot number and street address approved by the town

**BUILDING PLANS:**

- Construction drawings drawn to 1/4 inch = one foot or larger scale, including:
  - Floor plans with rooms dimensioned to scale
  - Door and window, brand, model numbers and sizes
  - Attic access location and size
  - Foundation plan showing beam or girder layout, column or pier size and spacing
  - All four exterior elevations
  - Typical wall section, from bottom of footing to ridge line, indicating:
    - Size and spacing of all structural members, including the foundation components
    - Roof pitch
    - Eave size
    - Insulation R-factor of each building component (foundation, wall, roof, etc.)
    - Width of ice and water shield
  - Electrical plans showing wall and ceiling outlets (fixtures and receptacles), switching and smoke/CO alarms
- TRUSS CERTIFICATIONS, if applicable
- ENERGY COMPLIANCE CERTIFICATE

**ONE COPY OF:**

- EROSION AND SEDIMENT CONTROL DECLARATION

**TOWN OF LOWELL**  
**ENERGY COMPLIANCE CERTIFICATE**

Property Address: _____	
COMPLIANCE METHOD	Check ( <input checked="" type="checkbox"/> ) compliance method
Prescriptive (Table 1102.1)	<input type="checkbox"/>
AU Trade Off	<input type="checkbox"/>
Total AU Trade Off	<input type="checkbox"/>
Performance: Tool or Company Used: _____	<input type="checkbox"/>
If using "Performance", skip to bottom of form. If using "Prescriptive" continue below:	
EQUIPMENT EFFICIENCIES	AFUE OR EER VALUE OR NA
Heating	
Cooling	
Water Heating	
OTHER HEATING EQUIPMENT	Check ( <input checked="" type="checkbox"/> ) Yes or No
Gas-fired unvented room heater(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric Furnace	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baseboard Electric Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSULATION RATINGS	R-VALUE
Ceiling/Roof Cavity	
Ceiling/Roof Continuous	
Floor	
Underslab	
Slab Edge (Heated Slab: <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Wall Cavity	
Wall Continuous	
Basement Cavity	
Basement Continuous	
Supply Ducts in unconditioned space	
All Other Ducts in unconditioned space	
FENESTRATION	U-VALUE
Predominant U-Value of fenestration	

Person completing Certificate: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_