



**TOWN OF LOWELL**  
**DECK 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:  SAME AS ABOVE **OR**  
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**

DECK  ELECTRICAL  PLUMBING

COST OF PROJECT: \$ \_\_\_\_\_

**SIZE OF DECK**

WIDTH: \_\_\_\_\_ LENGTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

IRREGULAR: (ATTACH PLAN WITH DETAILS AND DIMENSIONS)

**ATTACH TWO COPIES OF DECK PLANS ATTACH TWO COPIES OF PROPERTY SURVEY.**

**CONTRACTORS LICENSE INFORMATION**

NAME	LICENSE NUMBER	TELEPHONE
GENERAL _____	_____	_____
ELECTRICAL _____	_____	_____
PLUMBING _____	_____	_____
OTHER: _____	_____	_____

AFFIDAVIT COMPLETED BY OWNER/AGENT

STATE OF INDIANA  
COUNTY OF LAKE SS

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

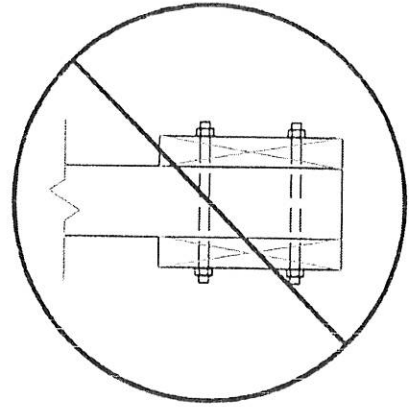
OFFICIAL USE ONLY

DEPARTMENT	REQUIRED	APPROVED	DATE
LICENSE			
SITE PLAN			
PLAN REVIEW			

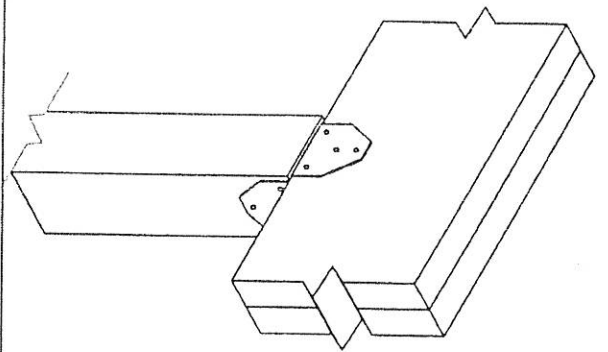
FEES	
DECK	\$ 50
ELECTRICAL	\$
PLUMBING	\$
ZONING	\$ 25
TOTAL	\$

OFFICE USE ONLY: AUTHORIZATIONS

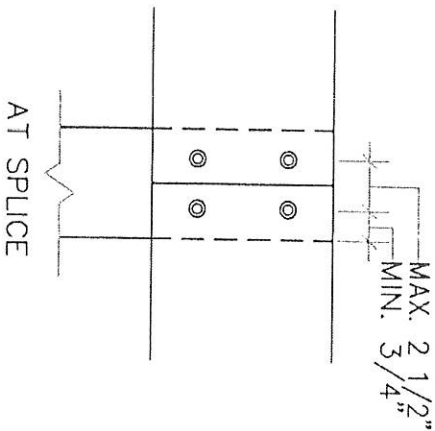
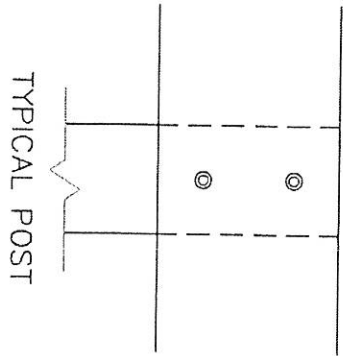
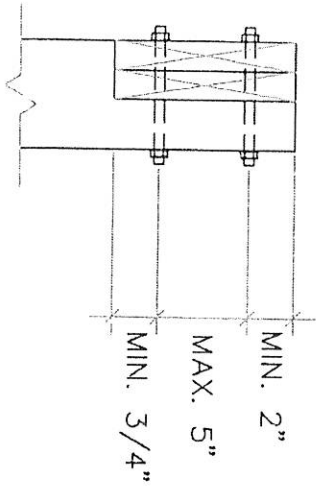
AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



NOT ACCEPTABLE



OPTION 1: TOP OF POST: □4X4 □4X6 □6X6



OPTION 2: NOTCHED POST: □4X6 □6X6