



# Building and Planning Department Building Permit Application



Application Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address City, State Zip: \_\_\_\_\_

Project Address: \_\_\_\_\_

Subdivision & Phase: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address City, State Zip: \_\_\_\_\_

Project Description: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Est. Project Cost: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Roofing Material: \_\_\_\_\_

Approximate Square Feet of:

Living Space	Basement	Garage	Foundation
_____	_____	_____	_____

Foundation Information:

Size of Footings	Insulation	Wall Thickness
_____	_____	_____

Electrical Contractor: \_\_\_\_\_ Amps: \_\_\_\_\_

Early or Permanent Service: \_\_\_\_\_ Temporary Pole: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Line Size: \_\_\_\_\_

For Commercial/Industrial Development # of Meters: \_\_\_\_\_ Line Size: \_\_\_\_\_

**IMPORTANT: Permit holder is responsible to call ALL Inspection Requests into this Office.  
POST THIS "NOTICE PLACARD" ON THE JOBSITE WHERE IT IS VISIBLE FROM THE STREET**

Date Released: \_\_\_\_\_ Building Commissioner: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Forms should be delivered to:

**BUILDING AND PLANNING DEPARTMENT  
10955 WEST 93RD AVENUE  
ST. JOHN, INDIANA 46373-8822  
Telephone (219) 365-5301 Facsimile (219) 558-2082**