

Building and Planning Department Building Permit Application New Construction



		Email Address: Telephone:					
				Address City, State Zip	:		
Project Address: Subdivision & Phase: Owner Name: Est. Project Cost:		Lot No.: Page: Book: Telephone:					
				Construction Type:		_Roofing Material:	
				Approximate Square F	eet of:		
				Living Space		Garage	Foundation
Foundation Information							
Size of Footings	Insulation		WallThickness				
Electrical Contractor: _		Amps:					
Early or Permanent Ser	vice: Tem	nporary Pole:					
Plumbing Contractor: _		_ Line Size:					
For Commercial/Indust	rial Development # of Met	ers: L	_ine Size:				
IMPORTANT: Permit h	nolder is responsible to call	I ALL Inspection	Requests into this Office.				
	•	•	S VISIBLE FROM THE STREET				
Items needed along with							
_	• •	cuments	Erosion & Sediment Control				
			ement of Escrow and Expiration				
Applicant Signature:		Title:					
Forms should be emailed	to: bpdept@stjohnin.com						

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