

Town of Munster

ONE- & TWO-FAMILY PERMIT APPLICATION ~ REMODEL, MINOR ADDITION, ACCESSORY STRUCTURE
Community Development ~ Building & Plan Review Division ~ 1005 Ridge Rd. Munster, IN 46321 ~ PH. 219-836-6990 ~ FAX 219-836-6542
Email: communitydevelopment@munster.org

TYPE OR PRINT IN INK

PERMIT #: _____

The undersigned certifies that the owner of record authorizes the proposed project and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature: X _____ Date: _____

Applicant's Name: _____ Phone: _____

E-mail: _____
(will be used for official correspondence)

Project Address: _____ Zoning District: _____

Owner's Name: _____ Email: _____

Owner's Address: _____ Cell #: _____

Office #: _____

Contractor: _____
(list General Contractor if multiple contractors or 'Self' if owner is performing all work or acting as the General Contractor)

Contractor Address: _____ Email: _____

Phone #: _____

Contact Name: _____ Cell #: _____

~ LIST ALL SUBCONTRACTOR/SPECIALTY CONTRACTOR INFORMATION ON PAGE 2 ~

Proposed Project Description (Required): _____

Electric (installing any new electric or moving any existing) ☐ Yes ☐ No

Plumbing (installing any new plumbing or moving any existing) ☐ Yes ☐ No

Load Bearing Walls (removing or adding any load bearing walls) ☐ Yes ☐ No

Check **all** that apply:

- | | | | | |
|----------------------------------|---------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Insulation | <input type="checkbox"/> Deck | <input type="checkbox"/> Garage | <input type="checkbox"/> Electrical (except service/panel upgrade) |
| <input type="checkbox"/> Soffit | <input type="checkbox"/> HVAC | <input type="checkbox"/> Pool | <input type="checkbox"/> Shed _____ SF | <input type="checkbox"/> Irrigation, _____ number of heads |
| <input type="checkbox"/> Facia | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Solar Panel System | <input type="checkbox"/> Overhead Door(s), _____ (check if same size) |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Generator | <input type="checkbox"/> Fence | <input type="checkbox"/> Drain Tile | <input type="checkbox"/> Exterior Door(s), _____ (check if same size) |
| <input type="checkbox"/> Gutters | <input type="checkbox"/> Masonry | <input type="checkbox"/> Flatwork | <input type="checkbox"/> Demolition of Structure | <input type="checkbox"/> Window(s), _____ (check if same size) |

TOTAL ESTIMATED PROJECT COST: \$ _____

~ PLAT OF SURVEY / SITE PLAN ON WHICH PROPOSED PROJECT IS DRAWN TO SCALE MAY BE REQUIRED ~

BUILDING & PLAN REVIEW

PERMIT RELEASED

PERMIT DENIED

EXEMPT

Reviewer: _____ Title: _____ Date: _____ Permit Fee: \$ _____

~ INSPECTIONS TO BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE ~

FIRM INFORMATION

Flood Zone: _____ Base Flood Elevation: _____ Lowest Floor Elevation: _____

SUBCONTRACTOR/SPECIALTY CONTRACTOR LIST

~ ALL CONTRACTORS AND SUBCONTRACTORS/SPECIALTY CONTRACTORS MUST BE REGISTERED WITH THE TOWN OF MUNSTER, AND HAVE CURRENT INSURANCE AND BOND, PRIOR TO PERMIT BEING RELEASED ~

<u>Trade:</u>	<u>Company Name:</u>	<u>Address:</u>	<u>Phone #:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information: