

Town of Munster **CLASS 1 PERMIT APPLICATION ~ REMODEL / ALTERATION**
Community Development ~ Building & Code Enforcement Division ~ 1005 Ridge Rd. ~ Munster, IN 46321
Phone 219-836-6990 ~ FAX 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: _____

Project Address: _____ Zoning District: _____

Project Name/Occupant: _____

Owner's Name: _____ Email: _____

Address: _____ Cell #: _____

_____ Office #: _____

General Contractor: _____ Email: _____

Address: _____ Cell #: _____

_____ Office #: _____

Contact Name: _____ Title: _____

Email: _____ Cell #: _____ Office #: _____

Sub's Trade:	Company Name:	Contact Name & Cell #:	Registration #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Design Professional: _____ Indiana Registration #: _____

Address: _____ Email: _____

_____ Office #: _____

~ PLAT OF SURVEY / SITE PLAN REQUIRED FOR PROPOSED SITE WORK ~

CLASS 1 REMODEL / ALTERATION, CONT.

Page 2

PROPOSED PROJECT

Tenant Space Sq. Ft.: _____ Lot Sq. Ft.: _____ Ownership: _____ Private / _____ Public

_____ Roof _____ Fence* _____ Sidewalk/Ramp _____ Parking Lot _____ Raze

_____ Exterior Remodel _____ Interior Remodel

_____ Restaurant _____ Retail _____ Office _____ Multi-Family _____ Industrial _____ Church

_____ School _____ Institutional _____ Recreational _____ Tanks/Towers _____ Repair Garage

_____ Structural _____ Electrical _____ Plumbing _____ Mechanical _____ Fire Safety

Other: _____ Description of Proposed Project/*Type of Fence: _____

TOTAL ESTIMATED PROJECT COST: \$ _____

PLAN AUTHENTICATION AGREEMENT

~ This Agreement shall be signed for all Class 1 projects requiring State Design Release ~

As the person eligible and responsible for obtaining a permit or permits as required in Section 105 of the Indiana Building Code, and base upon the information obtained within these plans, I certify that these plans are identical to those released for construction by the Indiana Department of Homeland Security, Division of Fire Safety/Plan Review. I also understand that if it is determined that these plans are not identical, all permits obtained as a result of their submittal may be revoked as stated in Section 105 of the Indiana Building Code.

Authorized Signature: **X** _____ Date: _____

~ PLAT OF SURVEY / SITE PLAN REQUIRED FOR PROPOSED SITE WORK ~

PLANNING & ZONING DIVISION

Reviewer: _____ Title: _____ Date Reviewed: _____

Comments: _____

BUILDING & CODE ENFORCEMENT DIVISION

PERMIT RELEASED

PERMIT DECLINED

PERMIT NOT REQUIRED

Reviewer: _____ Title: _____ Date Reviewed: _____

PERMIT FEE: \$ _____

Additional Information: