

*Town of Munster*

**ONE- & TWO-FAMILY PERMIT APPLICATION ~ REMODEL, MINOR ADDITION, ACCESSORY STRUCTURE**  
Community Development ~ Building & Code Enforcement Division ~ 1005 Ridge Rd. ~ Munster, IN 46321 ~ PH. 219-836-6990 ~ FAX 836-6542  
Email @ [communitydevelopment@munster.org](mailto: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: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Office #: \_\_\_\_\_

General Contractor *or* Contractor (enter 'Self' as owner performing all work): \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

**PROPOSED PROJECT**

Minor Addition    Roof    Doors/Windows    Deck    Fence    Shed    HVAC    Flat Work

Remodel/Alteration    Garage    Pool

Interior /  Exterior    Attached /  Detached    On Ground /  In Ground

Other: \_\_\_\_\_ Propose Project Description: \_\_\_\_\_

**TOTAL ESTIMATED PROJECT COST: \$** \_\_\_\_\_

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

**FIRM INFORMATION**

Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_

**BUILDING & CODE ENFORCEMENT**

PERMIT RELEASED

PERMIT DENIED

EXEMPT

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

***~ PLEASE SCHEDULE INSPECTIONS 48 HOURS IN ADVANCE ~***

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**SUBCONTRACTOR/SPECIALTY CONTRACTOR LIST**

<u>Trade:</u>	<u>Company Name:</u>	<u>Contact Name &amp; Cell #:</u>	<u>Registration #:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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*Additional Information:*