



CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 (219) 850-1331

BUILDING AND ZONING PERMIT APPLICATION NEW CONSTRUCTION

PERMIT NO. _____

DATE: ____/____/____

An application is hereby filed by: _____

Name

Phone

Address

To be located at: _____

Street Address

Property Owner: _____

Name

Phone

On the following described property: (legal description): _____

Type of Structure: _____ Zoning District: _____

Is this new Construction: Yes/No (If applicable Electrical, HVAC, Sewer, and Plumbing permits are required)

Type of Construction: _____

The Size of Proposed Construction: _____ sq. ft. Max Height to be: _____ Size of Lot: _____

DO YOU REQUIRE ELECTRICAL, HVAC, SEWER, PLUMBING HOOKUP OR

STORMWATER? Yes NO

IF SO WHICH? _____

***** PLEASE NOTE: ALL CONNECTIONS WILL BE CLASSIFIED TO THE SAME ADDRESS*****

Distance to nearest Property Line: _____ Front yard "Set Back" (Inside property line): _____

(City ordinance requires sidewalks along both front and side streets of all developed property)

In special Flood Hazard Area: Yes/No Does Proposed Construction conform to the current Zoning Ordinances? Yes/No

Plat of Survey to be attached? Yes/No Occupancy Permit to be obtained prior to occupancy Yes/No

State Release on file? Yes/No State Release required? Yes/No

Non Compliance of Zoning Ordinance(s): _____

Estimate Job Value: (Value to include Labor and Materials to complete): _____

Building Inspectors Signature

Applicant Signature



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Type and Location of Roof Trusses:

Type and Location of Floor Trusses:

Type and Location of I-Joist:

Contractor Signature

Date