



# Town of Cedar Lake

\*PERMIT # \_\_\_\_\_

Department of Planning, Zoning and Building  
7408 Constitution Avenue, P.O. Box 707, Cedar Lake, IN 46303  
Tel: (219) 374-7400 Fax: (219) 374-8588

## BUILDING PERMIT APPLICATION

TYPE OF IMPROVEMENT \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TAX KEY# \_\_\_\_\_

LOT \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ CONSTRUCTION VALUE \$ \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### IMPROVEMENT DETAILS:

Structure Dimensions: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Building Setbacks: Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

Size (Sq Ft): Building \_\_\_\_\_ Garage \_\_\_\_\_ No. of Beds \_\_\_\_\_ No. of Baths \_\_\_\_\_

Basement (Sq Ft): Finished \_\_\_\_\_ Unfinished \_\_\_\_\_  Walkout  Slab  Crawlspace

**ELECTRICAL WORK:** AMP \_\_\_\_\_ Temp Pole \_\_\_\_\_ Upgrade \_\_\_\_\_ Service Turn On \_\_\_\_\_

**PLUMBING WORK:** No. of Fixtures \_\_\_\_\_ Basement Rough Y/N Water Line Size \_\_\_\_\_ -OR- Well \_\_\_\_\_

**MECHANICAL WORK:** No. of Furnaces \_\_\_\_\_ No. of A/C Units \_\_\_\_\_ Other \_\_\_\_\_

**MISC:** Deck (Sq Ft) \_\_\_\_\_ Shed (Sq Ft) \_\_\_\_\_ Sign (Sq Ft) \_\_\_\_\_ Pool \_\_\_\_\_ Fence Height \_\_\_\_\_

### REQUIREMENTS FOR NEW CONSTRUCTION:

1. Plat of Survey showing; Location of existing & proposed structures, all setbacks, existing & proposed grades.
2. Two (2) Sets of Drawings showing: Floor Plans, Foundation, Elevations, Electrical Plans, Wall cross sections, etc.
3. An As-Built survey will be required prior to obtaining a Certificate of Occupancy.
4. All contractors & subcontractors shall be licensed with the Town of Cedar Lake. Erosion Control is required.

**I hereby certify the above has been reviewed and all information is true and correct.**

\_\_\_\_\_  
Signature of Owner/Contractor Date \_\_\_\_\_

\*OFFICE USE ONLY

**Date Application Received** \_\_\_\_\_ **Date** \_\_\_\_\_

BZA/Plan Commission Approval \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Building Commissioner

Remarks: \_\_\_\_\_

Zoning Fee \_\_\_\_\_

Building Fee \_\_\_\_\_

Sewer Tap Fee \_\_\_\_\_

Sewer Dev. Fee \_\_\_\_\_

Water Tap Fee \_\_\_\_\_

Water Dev. Fee \_\_\_\_\_

Park Impact Fee \_\_\_\_\_

Electric Fee \_\_\_\_\_

**Total \$** \_\_\_\_\_

Receipt# \_\_\_\_\_

Date Paid \_\_\_\_\_

Released By \_\_\_\_\_