



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 _____ **Flood Plain** _____

MISC: Deck (Sq Ft) _____ Shed (Sq Ft) _____ Fence Height _____ Sign (Sq Ft) _____ Pool _____

Material: _____ Material: _____ Material: _____

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 _____

Signature of Owner/Contractor

* OFFICE USE ONLY

Date Application Received _____ Date _____

BZA/Plan 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 _____