



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:

Flood Plain _____

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 _____ Meter Size _____ Well _____

MECHANICAL WORK: No. of Furnaces _____ No. of A/C Units _____ **MISC:** Deck (Sq Ft) _____

Shed (Sq Ft)/Material: _____ Fence Height/Material: _____ Sign (Sq Ft) _____ Pool _____

REQUIREMENTS FOR 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. New Homes require Energy Documents and Truss Certifications. An As-Built survey is required at final inspection.
4. All contractors 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**-Updated 1/15/2020

Date Application Received: _____

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 _____