

# TOWN OF GRIFFITH

BUILDING DEPARTMENT, 111 N. BROAD ST., GRIFFITH, IN 46319

PHONE (219) 922-3091

FAX (219) 924-3840

## BUILDING PERMIT APPLICATION

*Copies of signed contracts are required.*

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_

BUSINESS NAME (IF COMMERCIAL) \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

RESIDENTIAL\_\_\_\_ COMMERCIAL/INDUSTRIAL\_\_\_\_ NEW\_\_\_\_ REMODEL/ADDITION\_\_\_\_ FLOOD ZOONE DESIGNATION\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Remodel/Addition \_\_\_\_\_ Other \_\_\_\_\_

Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Multi-Unit \_\_\_\_\_ Restaurant \_\_\_\_\_ Number of Seats \_\_\_\_\_

1-Story \_\_\_\_\_ 2-Story \_\_\_\_\_ Bi-Level \_\_\_\_\_ Tri-Level \_\_\_\_\_ Quad \_\_\_\_\_ Other \_\_\_\_\_

Total Sq. Ft. \_\_\_\_\_ % Brick \_\_\_\_\_ Total Height \_\_\_\_\_ Basement \_\_\_\_\_ Slab \_\_\_\_\_ Crawl \_\_\_\_\_

Garage \_\_\_\_\_ sq. ft. Attached \_\_\_\_\_ Detached \_\_\_\_\_ Finished Basement \_\_\_\_\_ Y \_\_\_\_\_ N

Fire Sprinkler Required \_\_\_\_\_ Y \_\_\_\_\_ N Number of Heads \_\_\_\_\_ **TOTAL JOB COST \$** \_\_\_\_\_

**IF MECHANICAL, ELECTRICAL AND/OR PLUMBING WORK WILL BE PERFORMED, PLEASE COMPLETE M.E.P. APPLICATION.**

### **Flood Zone Construction: To be completed by Engineer or Surveyor licensed by the State of Indiana.**

FIRM used \_\_\_\_\_ Elevation Certificate attached \_\_\_\_\_ Y \_\_\_\_\_ N

Slab \_\_\_\_\_ Crawlspace \_\_\_\_\_ Basement \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ Elevation of lowest floor \_\_\_\_\_

Square feet of structure \_\_\_\_\_ Square inches of venting \_\_\_\_\_

This section completed by: \_\_\_\_\_ Indiana State License No. \_\_\_\_\_

**I UNDERSTAND THAT I MUST COMPLY WITH SOIL EROSION CONTROL AND THAT IT WILL BE STRICTLY ENFORCED.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL OF BUILDING DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

Permit # \_\_\_\_\_ Fee \$ \_\_\_\_\_ Escrow \$ \_\_\_\_\_

*All work performed must meet or exceed all current and applicable  
Town of Griffith and State of Indiana Codes.*