

TOWN OF HIGHLAND
INTERIOR REMODELING PERMIT APPLICATION
Phone 219-972-7595 Fax 219-972-5097

Date: ____/____/____

Permit # _____

Contractor: _____ Address: _____

City: _____ State/Zip _____ Phone: _____

Property Owner: _____ Address: _____

City: _____ State/Zip _____ Phone _____

Project Address: _____ Contract Cost: _____

For **Residential** please explain scope of work to be done. Include drawings showing before & after:

Commercial/Industrial: Must submit drawings showing before and after **also if applicable State Stamped Drawings:**

Structure Use: _____ Type of Construction: _____

Square footage of area to be remodeled: _____ Are you installing a new corridor? Yes ___ No ___

Are you installing new exits? Yes ___ No ___

Explain scope of work to be done: _____

List Subs: Electrical _____ Plumbing: _____ HVAC _____

Other: _____

Application must be signed by both Contractor and Property Owner or a signed copy of the contract needs to be submitted.

Contractor: _____ **Property Owner:** _____
Signature *Signature*

OFFICE USE

Number of Inspections _____

Permit Fee: _____

Inspection Fee: _____

Review Fee: _____

Total Fee: _____

Approved By: _____ Date: _____

Title: _____