TOWN OF HIGHLAND
BUILDING PERMIT APPLICATION

FAX: 219-972-5097
PHONE 219-972-7595

Date: _____ Permit # _____

Check one: ❑ New Construction ❑ Addition ❑ Remodel **PLAT OF SURVEY REQUIRED**

Contractor:_____Address:_____

City: _____ State:_____ Zip:_____ Phone:_____

Property Owner: _____Address: _____ Phone _____

Project Address: _____ Contract Cost:_____

Subdivision: _____ Lot#_____ Size of Lot: _____ Zoning:_____

Type of Structure:_____ # of units:_____ Size of Structure:_____

Square Footage: _____ Height:_____ Type of Construction: _____ Size of Footings:_____

Foundation walls: _____ 1st Floor Joist: _____o.c._____ 2nd Floor Joist:_____ o.c_____

Ceiling joist _____o.c____ Roof Rafters: _____ o.c.____ Roof Material _____

Flood Protection grade of the first floor elevation_____. Flood Zoning: _____. The first floor elevation may govern the cost of flood insurance if the property is located in a special flood hazard district. This property is located in a **Check one**: ❑Floodway ❑Flood Fringe ❑Flood Plain District

BEFORE STARTING CONSTRUCTION CHECK WITH THE BUILDING DEPARTMENT FOR BUILDING & ZONING REGULATIONS.

CERTIFICATE OF OCCUPANCY MUST BE ISSUED BEFORE THE STRUCTURE IS OCCUPIED.

ALL CONTRACTED WORK MUST BE DONE BY CONTRACTORS LICENSED WITH THE TOWN OF HIGHLAND

Electrical:_____ Excavator:_____

Plumbing:_____ Masonry: _____

Heating & Cooling: _____ Other:_____

If any additional contractors are required for the project, please attach a list of those contractors.

Application must be signed by both Contractor and Property Owner or a signed copy of their contract.

Contractor:_____ Property Owner_____

OFFICE USE ONLY

BZA/Plan Commission Approval: _____ Permit Fee: _____

Inspection Fee:_____

Date Application Received:_____ Plan Review Fee: _____

Number of Inspections: _____ Total Permit Fee: _____

Approved By: _____ Date: _____

Building Commissioner