

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: _____

Email Address: _____

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. CALL 811 BEFORE YOU DIG.

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 attached 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