

**TOWN OF HIGHLAND**  
**BUILDING PERMIT APPLICATION**  
FAX: 219-972-5097  
PHONE 219-838-3185

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: \_\_\_\_\_ 1<sup>st</sup> Floor Joist: \_\_\_\_\_ o.c. \_\_\_\_\_ 2<sup>nd</sup> 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 attached a list of those contractors

Application must be signed by both Contractor and Property Owner:

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