



BUILDING PERMIT APPLICATION		
(A) CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> 1 & 2 Family Residence	<input type="checkbox"/> Accessory Structure	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural	
(B) TYPE OF WORK		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	
<input type="checkbox"/> Remodel Existing	<input type="checkbox"/> Demolition	
Description of Work:		
(C) JOB SITE INFORMATION AND LOCATION		
Site Address:		
City:	Zip:	
Subdivision	Lot #:	
Tax ID #:		
(D) PROPERTY OWNER		
Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
(E) CONTRACTOR/APPLICANT		
Business Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
Contact Name:		
(F) SUB CONTRACTORS		
ELECTRICAL:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
MECHANICAL:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
PLUMBING:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
OTHER:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

OFFICE USE ONLY	
Accepted By:	Permit #:
Date Received:	Date Issued:
(G) CONSTRUCTION INFORMATION	
Cost of Project:	Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation: <input type="checkbox"/> No Basement <input type="checkbox"/> Crawlspace	
<input type="checkbox"/> Non-Habitable Basement <input type="checkbox"/> habitable basement	
Structure Type: <input type="checkbox"/> On-Site Construction <input type="checkbox"/> Modular	
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Pole Construction (No Residences)	
Floor System: <input type="checkbox"/> Wood I Joist <input type="checkbox"/> Wood Trusses	
Roof System: <input type="checkbox"/> Wood I Joist <input type="checkbox"/> Wood Trusses	
No. of Stories:	Height of Roof Peak:
(H) RESIDENTIAL	
No of Bedrooms	No of Bathrooms
ADD SQUARE FEET AREA BELOW	
1 st Floor:	2 nd Floor:
Finished Basement:	Garage:
Covered Porch:	Wood Deck:
Addition:	Total:
(I) RESIDENTIAL REMODEL	
Mechanical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathrooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drains: <input type="checkbox"/> Yes <input type="checkbox"/> No
(J) COMMERCIAL	
No of Plumbing Drains:	No of Mech. Units:
Sprinkler Heads:	
Existing Sq. Ft:	New Sq. Ft:
Existing Use:	
New Use:	
State Release Applied For: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(K) AGRICULTURAL	
Building Dimensions:	Sq. Ft:
Building Use:	No of Animals:
Mechanical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathrooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drains: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where Do Drains Discharge:	
(L) GAS LINE	<input type="checkbox"/> Yes <input type="checkbox"/> No
(M) ELECTRICAL	
Electrical Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Kv:
Temp Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Permanent Serv: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Sub Panel Amps:	Sub Panel Amps:
Sub Panel Amps:	Sub Panel Amps:
(N) CHECKLIST	
<input type="checkbox"/> Site Plan Attached	
<input type="checkbox"/> Commercial Plans sent to Plans@elkhartcounty.com	