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CITY OF HAMMOND

BOB VALE
BUILDING COMMISSIONER

BUILDING INSPECTION DEPARTMENT

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6456

Building Permit Application

ILPS #: _____

Permit #: _____

Address of Construction: _____

Home Owner Contractor* **Owner Occupied** **Rental Property**

*Company Name: _____ Contact Phone Number: _____

Building Type (*one must be checked*)

Single Family Two Family Multi Family Commercial Industrial

Property Owner/Contractor: _____ Phone #: _____

Owners Present Address: _____

Type of Construction: _____

Cost of Construction Material and Labor: _____

Describe all work to be done: _____

For fences/sheds/additions attach: Plat of survey and a drawing with the details of the proposed construction.

***For contractors a copy of the signed contract must be attached.
This permit does not include electrical, heating and plumbing.**

Two days before digging please call for utility locations:
Holey-Moley 800-382-5544 Water Department 219-853-6429

Signature _____ Date: _____

Bldg. Approval: _____ **Date:** _____ **Zoning Approval:** _____ **Date:** _____