



THOMAS M McDERMOTT, JR.
MAYOR

KELLY S. KEARNEY
CHIEF OF INSPECTIONS

CITY OF HAMMOND

BOB VALE
BUILDING COMMISSIONER

BUILDING INSPECTION DEPARTMENT

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

Electrical Permit Application

Permit #: _____

Job Address: _____

Contractor: _____

Phone: _____

Building Type: **(one must be checked)**

Single Family Two Family Multi Family Commercial Industrial

Early service required: Yes No (If yes, there is a \$50 inspection fee)

Property Owner/ Contractor: _____ Phone #: _____

Owner Address: _____

Work to be done: _____

Cost of job: \$ _____

NOTE: Contractor must provide a copy of signed contract, proposal or invoice reflecting the job cost.

CONTRACTOR IS RESPONSIBLE FOR INSPECTIONS

Signature: _____

Date: _____