

THOMAS M McDERMOTT, JR. MAYOR

KELLY 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

Building Permit Application

ILPS #:		Permit #:		
Address of Construction:				
	☐Home Owne	r		
Contractor's Name: *For contractors a copy	of the signed con	tract must be attached.	hone #:	
Property Owners Address:			Phone #:	
	Building	Type (one must be checked)		
☐ Single Family	Гwo Family	☐ Multi Family ☐ Comn	nercial	
Is the Dwelling a Rental P	roperty?	☐No If yes, # of renta	al units?	
Please check one of the ☐Roof(Shingles) ☐I		☐Doors/Windows ☐Siding	□Deck □Fence	
□Shed □F	lat Work ☐Interi	or Remodel	odel	
Detached Garage	☐Pool In Grou	nd Pool Above Ground	New Construction	
Other:				
		t include electrical, HVAC and	d plumbing.	
Holey-Moley 800		digging please call for utility loo Department 219-853-6429 Pul		
***	THE CONTRACTO	R IS RESPONSIBLE FOR INS	PECTIONS	
Signature		Date:		
Bldg. Approval:	_ Date:	Zoning Approval:	Date:	