

THOMAS M McDERMOTT, JR. MAYOR

BOB VALE BUILDING COMMISSIONER

CITY OF HAMMOND

ABEL BAUTISTA CHIEF ELECTRICAL INSPECTOR

BUILDING INSPECTION DEPARTMENT

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

Electrical Permit Application

			Permit #:	
Address of Construction:				
	☐ Home Owner		☐Contractor*	
Contractor's Name:*For contr	actors a copy	of the signed cont	Phone #:	d.
Property Owner Name: Property Owner Address: Cost of Job Material and Lab				
	Buildin	g Type (one must b	oe checked)	
☐Single Family ☐Two	Family	☐Multi-Family	☐Commercial	□Industrial
Is the Dwelling a Rental Property?			If yes, # of rental units?	
Please Check one of the follo	owing:			
☐New Service ☐Upgrade	e	☐Room Addition	☐Garage Wiring	
Sign: ☐100 Sq. Ft. or l	ess 🗆 C	Over 100 Sq. Ft.		
Pool: Above Ground	□lr	n Ground		
Type of Service:		_ Number of Wires_	A	mps
Temporary Pole	ed:			
NOTE: Contractor must pr	ovide a copy	of signed contract,	proposal or invoice	reflecting the job cost.
**THI	E CONTRACT	OR IS RESPONSIB	LE FOR INSPECTION	IS
Signature:			Date:	
Annaval			Doto	