

Bob Vale Building Commissioner

CITY OF HAMMOND INSPECTIONS DEPARTMENT BUILDING DIVISION

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

Plumbing Permit Application

		Permit #:		
Address of Construction:				
	☐ Home Owner	☐ Contract	or*	
Contractor's Name:			Phone #:	
*For co	ntractors a copy of the	signed contract must	be attached.	
☐ Single Family	☐ Two Family ☐	Multi Family 🔲 Con	nmercial Industrial	
roperty Owner Name: Phone #:			none #:	
Property Owner Address:				
Cost of Job Material and Lak Opening Public Right of W \$				
ClosetsFlooShowersLaBath TubsGaUrinalOuDual Check ValveEx	undry Tubs oor Drains vatories	_Auto Washer _Auto Dishwasher _Air Cond. Drain _Open Hub Drains _Ejector Pump _PVB (Pressure Vacur	Boiler Sump Pump	
Miscellaneous Fixtures:	maraial Only)	Aro the	and listed above?	
Handicapped Fixtures (Commercial Only)Are these listed above? Sanitary Sewer TapWater Tap		ater Tap		
Water Meter Size	Septic Tank	(if applicable) Size		
Will there be a lawn sprinkler system installed?Will there be a fire sprinkler system Installed?		# #	# 0f Heads # of Heads	
Will there be an underground	d inspection required?			
Describe all other work to be	done:			
**TH	E CONTRACTOR IS RES	SPONSIBLE FOR INSF	PECTIONS	
Approval by The Board of Public		neering Department is requirity to repair to code.	red for working in the Right Of Way. It is	
	Two days before digging p 382-5544 Water Departme			
Signature:		Date:		
Approval:		Date:		