



THOMAS M McDERMOTT, JR.  
MAYOR

BOB VALE  
BUILDING COMMISSIONER

CITY OF HAMMOND

DAVE HEIN  
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: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*For contractors a copy of the signed contract must be attached.**

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Cost of Job Material and Labor: \_\_\_\_\_

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

Single Family

Two Family

Multi-Family

Commercial

Industrial

Is the Dwelling a Rental Property?  Yes  No If yes, # of rental units? \_\_\_\_\_

Please Check one of the following:

New Service

Upgrade

Repair

Room Addition

Garage Wiring

Sign:  100 Sq. Ft. or Less  Over 100 Sq. Ft.

Pool:  Above Ground  In Ground

Type of Service: \_\_\_\_\_ Number of Wires \_\_\_\_\_ Amps \_\_\_\_\_

Temporary Pole \_\_\_\_\_

Describe work to be completed: \_\_\_\_\_

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

**\*\*THE CONTRACTOR IS RESPONSIBLE FOR INSPECTIONS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_