



City of Valparaiso

RESIDENTIAL PERMIT APPLICATION
NEW CONSTRUCTION

Permit #: _____
Date Paid: _____
Date Called: _____
Date Submitted: _____
TCO/CO: _____ / _____

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature: [Signature] Date: _____
Print Name: _____ Phone #: _____

IDENTIFICATION TYPE OR PRINT IN INK

Project Address: _____ on the N / E / S / W side of street (circle one)
Subdivision: _____ Lot Size: _____ SF Lot #: _____
Ownership: [] Private [] Public Township _____ Zoning District: _____

Owner Name: _____
Address: _____ Phone: _____
Email: _____

CONTRACTOR INFORMATION

General Contractor: (list "SELF" if homeowner): _____
Address: _____ Phone: _____
Cell Phone: _____

Architect: _____
Contact Name: _____ Phone: _____

DETAILED INFORMATION

PROPOSED PROJECT: [] Single Family Residence [] Duplex [] Townhome [] Condominium [] Garage [] Attached [] Detached
STRUCTURE TYPE: [] Wood Frame [] Steel [] Masonry [] Reinforced Concrete [] Other, Specify _____
ADDITIONAL INFORMATION: Will this be a Rental Property? [] Yes [] No
DESCRIPTION OF PROJECT: _____

ADVANCED STRUCTURAL COMPONENTS:
Location: [] Roof Type: _____
[] Floor Type: _____

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DETAILED INFORMATION CONTINUED

Space	Square Footage		
First Floor	_____	Number of Dwelling Units	_____
Second Floor	_____	Number of Added Units	_____
Additional Floors	_____		
Garage	_____	Building Height	_____
Basement	_____		
Finished	_____		
Unfinished	_____		
TOTAL SQUARE FOOTAGE _____			

Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab	Basement Type: <input type="checkbox"/> Unfinished <input type="checkbox"/> Semi-Finished <input type="checkbox"/> Finished	Heating Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other, Specify _____ _____	Additional Mechanical Equipment: <input type="checkbox"/> Central Air <input type="checkbox"/> Elevator <input type="checkbox"/> Other, Specify _____ _____
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Number of Bedrooms: _____	Number of Bathrooms: Full _____ Partial _____	Off Street Parking Spaces: Outdoor _____ Enclosed _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sanitary Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private (septic)
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SETBACKS (Actual)

Front: _____ Rear: _____ Sides: _____ and _____

BUILDING CONSTRUCTION COST: \$ _____

SUBMISSION CHECKLIST

- Building Plans**—submit PDF and 1 copy on 11"x17" paper
(must include floor plans, elevations, foundation plan, and wall section)
- Detailed Site Plan**—including setbacks, drainage, sidewalks, and erosion control measures
- Site Permit Application**
- Energy Code Compliance Statement**
AS-BUILT PLAN REQUIRED PRIOR TO RELEASE OF OCCUPANCY PERMIT

THIS PAGE FOR OFFICE USE ONLY

Plan Review Checklist

Required Documents:

<input type="checkbox"/> Site Plan	Building Plans:	<input type="checkbox"/> Foundation	<input type="checkbox"/> Wall Section(s)
<input type="checkbox"/> Site Permit Application		<input type="checkbox"/> Elevations	<input type="checkbox"/> Roof
<input type="checkbox"/> List of Contractors		<input type="checkbox"/> Floor Plans	
<input type="checkbox"/> Energy Code Compliance			

Notes:

Calculations:

ASSIGNED FEES—TO BE COMPLETED BY BUILDING COMMISSIONER

BUILDING DEPARTMENT

	PERMIT GRANTED	PERMIT DENIED
Permit Fee: _____		Reviewer: _____
Inspection/CO Fee: _____		Title: _____
Total Building Dept. Fees: _____		Date: _____

Park Impact Fee: _____

Planning Dept. Fee: _____

Engineering Dept. Fees: _____

TOTAL PERMIT FEES: _____

PLANNING DEPARTMENT

Reviewer: _____ Title: _____ Date: _____

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SUBCONTRACTOR LIST	<i>(All contractors/subcontractors must be registered with City of Valparaiso)</i>
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Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

Contractor Type:	Contractor Name:
Contact:	Address:
Phone:	

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Contact:	Address:
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