



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: **X** _____ 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 Zoning District: _____

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

CONTRACTOR INFORMATION

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

Architect: _____
 Address: _____ Phone: _____
 _____ Cell Phone: _____

DETAILED INFORMATION

<p>PROPOSED PROJECT:</p> <p><input type="checkbox"/> Single Family Residence <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Condominium <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached</p>	<p>STRUCTURE TYPE:</p> <p><input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other, Specify _____ _____ _____</p>	<p>ADDITIONAL INFORMATION</p> <p>Will this be a Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>DESCRIPTION OF PROJECT:</p> <p>_____ _____ _____</p>
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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**

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THIS PAGE FOR OFFICE USE ONLY

Plan Review Checklist

Required Documents:

- Site Plan
- Site Permit Application
- List of Contractors
- Energy Code Compliance

Building Plans:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Wall Section(s) |
| <input type="checkbox"/> Elevations | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Floor Plans | |

Notes:

Calculations:

ASSIGNED FEES—TO BE COMPLETED BY BUILDING COMMISSIONER

BUILDING DEPARTMENT

PERMIT GRANTED PERMIT DENIED

Permit Fee: _____
Inspection/CO Fee: _____
Total Building Dept. Fees: _____

Reviewer: _____
Title: _____
Date: _____

Park Impact Fee: _____
Planning Dept. Fee: _____
Engineering Dept. Fees: _____

TOTAL PERMIT FEES: _____

PLANNING DEPARTMENT

Reviewer: _____ Title: _____ Date: _____

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SUBCONTRACTOR LIST

(All contractors/subcontractors must be registered with City of Valparaiso)

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

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

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

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Contact:	Address:
Phone:	

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