

### City of Valparaiso

# COMMERCIAL PERMIT APPLICATION MINOR ALTERATION

(PROJECTS NOT REQUIRING STATE OF INDIANA CONSTRUCTION DESIGN RELEASE)

Permit #:	_			
Date Paid:	_			
Date Called:				
Date Submitted:				
Closed:	_			

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.

Project Address: on the N/E/S	/ W side of street (circle one)  SF Suite #:		Owner:Address:	Date: ne #:
CONTRACTOR	ARCHITECT INFORMATION			
General Contractor:  Address:  Contact Name:  Sub Contractor:  Contact Name:  Architect:		Office #:Address:Office #:		Cell #:
DETAILED INF	ORMATION			
PROP	OSED PROJECT:  □ Raze/Wrecking □ Parking Lot Addition*	□ Wood	UCTURE TYPE  ☐ Masonry ☐ Concrete/Block Decify	TOTAL COST OF PROJECT
☐ Interior ☐ Plumbing ☐ Electrical ☐ Mechanical ☐ Demolition ☐ OTHER, specify		DESCRI	PTION OF PROJEC	CT:

## COMMERCIAL PERMIT APPLICATION — ALTERATION

#### SITE PLAN REQUIREMENTS

It is your responsibility to locate all underground utilities. **Call 811 before you dig.** 

# Know what's below. Call before you dig.

#### Site Plan must include the following:

(Additional information may be required)

- Lot size (dimensions and square footage)
- Location and exact dimensions of all structures
- Location and dimensions of all paved surfaces
- Easements must be shown on plan

For Fences: Site plan must include location of structures and proposed fence location.

Fence height and material must be listed under description of project on first page.

<u>PLEASE NOTE</u>: Dedication of additional right-of-way may be required prior to the issuance of a Building

Permit.

FOR OFFICE USE ONLY

ASSIGNED FEES - TO BE COMPLETED BY BUILDING COMMISSIONER						
	BUILDING DEPARTMENT					
PERMIT GRANTED PERMIT DENIED						
Permit Fee: \$	Permit Fee: \$ Reviewer:					
Inspection/C.O. Fee: \$	11/C.O. Fee. \$					
	Date:					
	PLANNING DEPARTMENT					
Reviewer:		Date:				
E	ENGINEERING DEPARTMENT					
Reviewer:	Title:	Date:				