PERMIT #	‡
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Application for a Building Permit

Town of Trail Creek 211 Rainbow Trail Trail Creek, IN 46360

Phone: (219) 872-2422 Fax: (219) 878-1235 Email: townhall@townoftrailcreek.in.gov

Building Commissioner: Steve T		n Engineer: Haas & Associates (219) 872-9407 ng Inspector: Paul Foreman (219) 898-6565			
	C Inspections: Janet Cole (219)				
Date:/ Address of Proposed Construction: The property owner (or designate) makes application for a Building Permit for the following work to be performed:					
Property Owner:	Phone	:			
Address:	Email:				
Name of Builder:	Addres	ss:			
Phone:	Email:				
Proposed Construction Start Date	:/Estimat	ed Completion Date:/			
The following must be submitted	with your Application for all o	construction and for any structure added to the			
property:	• • • • • • • • • • • • • • • • • • • •	•			
		rformed showing the square footage of the lot, feet of lot coverage by all structures.			
Two sets of drawings for modifications.	new construction and two sets	s of plat survey, sketches/explanation for mino			
	septic and dry well location is				
Required LaPorte County Federal permits required		gn off and any additional County, State or			
Department of Natural R	lesources (DNR) approval (sig lifty-five dollars) per inspection				
Permit Fees - Section: Please sele	ct project dollar amount belov	w to determine cost of permit fee.			
	\$500.00 to \$2,500.00:	\$50.00			
	\$2,501.00 to \$5,000.00:	\$75.00			
	\$5,001.00 to \$15,000.00:	\$100.00			
	\$15,001.00 to \$25,000.00:	\$150.00			
	\$25,001.00 to \$50.000.00:	\$250.00			
Ar	\$50.001.00 to \$100,000.00:	\$500.00			
\$3	100,001.00 and above: @.75	cents per sq. ft.			

Information needed for new construction: The gross area of the lot in square feet; the gross area of the lot currently covered by existing structures in square feet; the gross area of the lot that will be covered by the remaining structures and additions or renovations in square feet; the percentage of the lot that will be covered by the remaining structures and the additions or renovations; the total square feet of all renovations to the existing structure; the total square feet of all additions to the existing structure; a clearance letter from the County Board of Health; a clearance letter from the Indiana DNR if the structure is in the floodway; and a clearance letter from the Army Core of Engineers if required.

ATTENTION

CONTRACTORS, BUILDERS, AND HOMEOWNERS
PLEASE READ THOROUGHLY BEFORE YOU SIGN A PERMIT.

IT IS YOUR RESPONSIBILITY AS PERMITTED TO KNOW WHAT CODES APPLY,
TO KNOW THE CODES, AND TO KNOW WHEN TO CALL FOR INSPECTIONS.
FAILURE TO DO SO MAY RESULT IN A WORK STOP ORDER AND OR A FINE.
EACH FAILED INSPECTION WILL BE LIABLE FOR AN ADDITIONAL
INSPECTION AND FEE. THE PROPERTY OWNER OR THE CONTRACTOR
SHALL CONTACT EACH INSPECTOR TO ARRANGE INSPECTIONS.

INSPECTIONS ARE DUE FOR: PLEASE MAKE SURE ALL ARE CHECKED

Footings (for depth and rebar)

Signature:

Signature: _

(Building Commissioner) Steve Thomas (Clerk-Treasurer) Crystal Frever (Town Engineer) Haas & Associates

Contractor or Property

	2.	Foundation Walls and Drains			
	3.	NIPSCO Electrical Hookup			
	4.	NIPSCO Gas Hookup			
	5.	Rough Electrical			
	6.	Rough Plumbing			
	7.	Rough Mechanical (HVAC)			
	8.	Framing			
	9.	Final Electrical			
	10.	Final Plumbing			
	11.	Final Mechanical (HVAC)			
	12.	Any Structural Changes (which may include windows, doors, etc.)			
	13.	Roof Replacement (ICE AND WATER SHIELD)			
	14.	Final Inspection, or as determined by the Building Commissioner			
	15.	Driveway and/or off-street parking replacement or installation			
	16.	Demo			
Ch		the Town Building Commissioner or Town Clerk-Treasurer for any additional Town Permits required including Permit requirements.			
UPON COMPLETION OF THE REQUIRED INSPECTIONS, A					
FINAL BUILDING INSPECTION MAY BE REQUIRED, AS DETERMINED BY THE BUILDING COMMISSIONER. UPON SATISFACTORY COMPLETION,					
		A CERTIFICATE OF OCCUPANCY WILL BE ISSUED.			
Perm	it Fee \$	Inspection Fee(s)\$ Number of Inspections: \$55.00 Dollars Per Inspection			

APPLICATION MUST BE COMPLETED IN FULL ALONG WITH SIGNATURE AND DATE OR IT WILL BE RETURNED/DENIED

Date: ____-