



Building Department

Application for Building Permit

Address: _____

Owner: _____ Floor Area: _____

Date: _____

To Be Occupied By: Resident _____ Commercial _____

Scope of Work: _____

Project

Name: _____

Self/Contractor/Name: _____

Address: _____

Telephone: _____

Total Estimated Cost: _____ Permit Fee: _____

Bond Amount Collected (if applicable): _____

Notes:

THE UNDERSIGNED HEREBY CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT AND IN CONSIDERATION OF THE GRANTING OF THE PERMIT, AGREES TO SAVE THE CITY OF MISHAWAKA HARMLESS FROM ANY AND ALL DAMAGES AND AGREES TO PERFORM THE WORK COVERED BY THIS PERMIT IN CONFORMITY WITH THE LAWS OF THE STATE OF INDIANA AND THE ORDINANCES OF THE CITY OF MISHAWAKA, INDIANA. I AGREE TO CALL FOR AN INSPECTION APPROVAL BEFORE ANY CONCRETE IS POURED FOR FOOTINGS AND WALLS, OR ANY FRAMING, ELECTRICAL, PLUMBING OR HEATING MATERIAL IS COVERED. I, THE UNDERSIGNED, UNDERSTAND THAT A FINAL INSPECTION MAY BE NECESSARY AND A CERTIFICATE OF OCCUPANCY/COMPLETION SHALL BE ISSUED PRIOR TO OCCUPANCY BEING ALLOWED. IT IS ALSO UNDERSTOOD THAT THIS IS ONLY A BUILDING PERMIT. SEPARATE PERMITS ARE TO BE OBTAINED FOR ANY HEATING, VENTILATION, AIR CONDITIONING, ELECTRICAL, OR PLUMBING WORK. PERMIT IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUE PROVIDING THE WORK IS STARTED WITHIN SIX (6) MONTHS OF OBTAINING PERMIT.

Application Submitted By: _____

Official permit and receipt will be mailed to address of person requesting permit.