



TOWN OF LOWELL
DECK PERMIT APPLICATION
501 East Main Street ♦ P.O. Box 157
Lowell, Indiana 46356
Phone:(219) 696-7794 ♦ Fax: (219)696-7796

PROPERTY OWNER DATA

NAME: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____ PHONE NUMBER: _____

PROJECT DATA

PROJECT CONTACT PERSON: SAME AS ABOVE **OR**
NAME: _____
PHONE NUMBER: _____ E-MAIL ADDRESS: _____

PROJECT STREET ADDRESS: _____, LOWELL, IN 46356
PROPERTY TAX ID #: _____ TOWNSHIP: _____ ZONING: _____
LEGAL DESCRIPTION (BY ATTACHMENT IF METES AND BOUNDS):
SUBDIVISION NAME: _____ LOT #: _____ BOOK & PAGE #: _____

PERMIT TYPE

DECK ELECTRICAL PLUMBING

COST OF PROJECT: \$ _____

SIZE OF DECK

WIDTH: _____ LENGTH: _____ HEIGHT: _____

IRREGULAR: (ATTACH PLAN WITH DETAILS AND DIMENSIONS)
ATTACH TWO COPIES OF DECK PLANS OR COMPLETE TOWN DECK ATTACHMENT. ATTACH TWO COPIES OF PROPERTY SURVEY.

CONTRACTORS LICENSE INFORMATION

NAME	LICENSE NUMBER	TELEPHONE
GENERAL _____	_____	_____
ELECTRICAL _____	_____	_____
PLUMBING _____	_____	_____
OTHER: _____	_____	_____

AFFIDAVIT COMPLETED BY OWNER/AGENT

STATE OF INDIANA |
 COUNTY OF LAKE | SS

The information contained in this building permit application and all attached exhibits are, to the best of my knowledge and belief, true and correct.

The owner, lessee, or contractor hereby agrees to abide by and comply with the conditions of all building and health laws of the State of Indiana and the zoning, building and licensing ordinances of Lake County and Lowell, Indiana, and furthermore, understands that any variations or violations from the provisions of the above-mentioned laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.

 PRINTED NAME OF OWNER OR OWNER'S AGENT

 SIGNATURE OF OWNER OR OWNER'S AGENT

 AGENT'S RELATIONSHIP TO OWNER

 AGENT'S ADDRESS

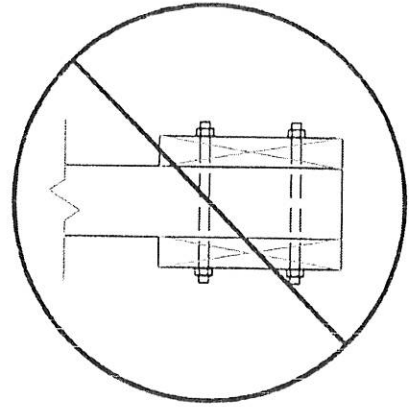
OFFICIAL USE ONLY

DEPARTMENT	REQUIRED	APPROVED	DATE
LICENSE			
SITE PLAN			
PLAN REVIEW			

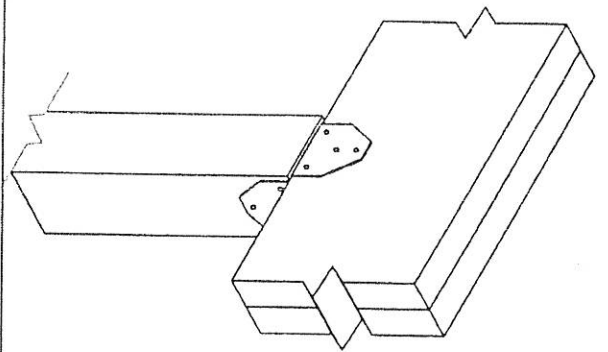
FEES	
DECK	\$ 50
ELECTRICAL	\$ _____
PLUMBING	\$ _____
ZONING	\$ 25
TOTAL	\$ _____

OFFICE USE ONLY: AUTHORIZATIONS

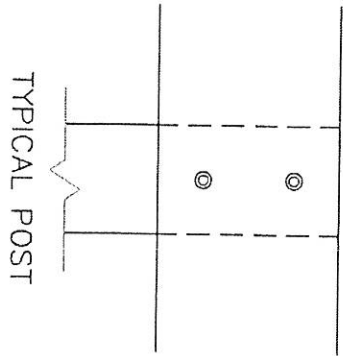
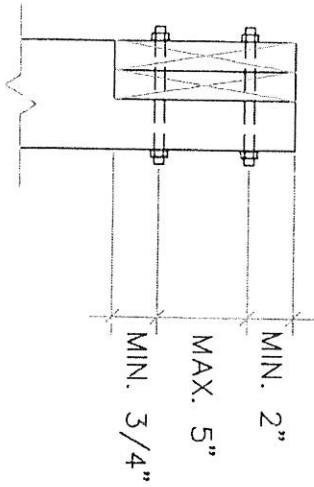
AUTHORIZED SIGNATURE _____ DATE _____



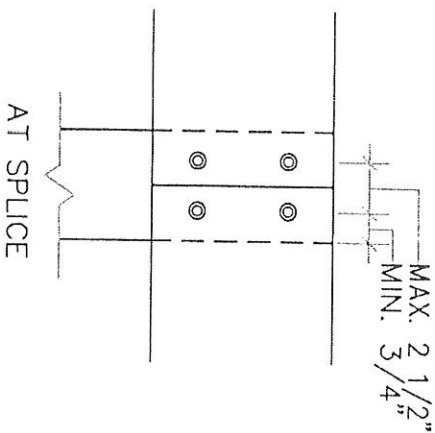
NOT ACCEPTABLE



OPTION 1: TOP OF POST: □4X4 □4X6 □6X6

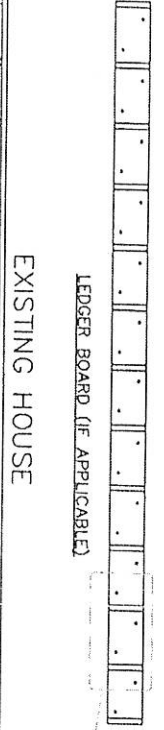


TYPICAL POST

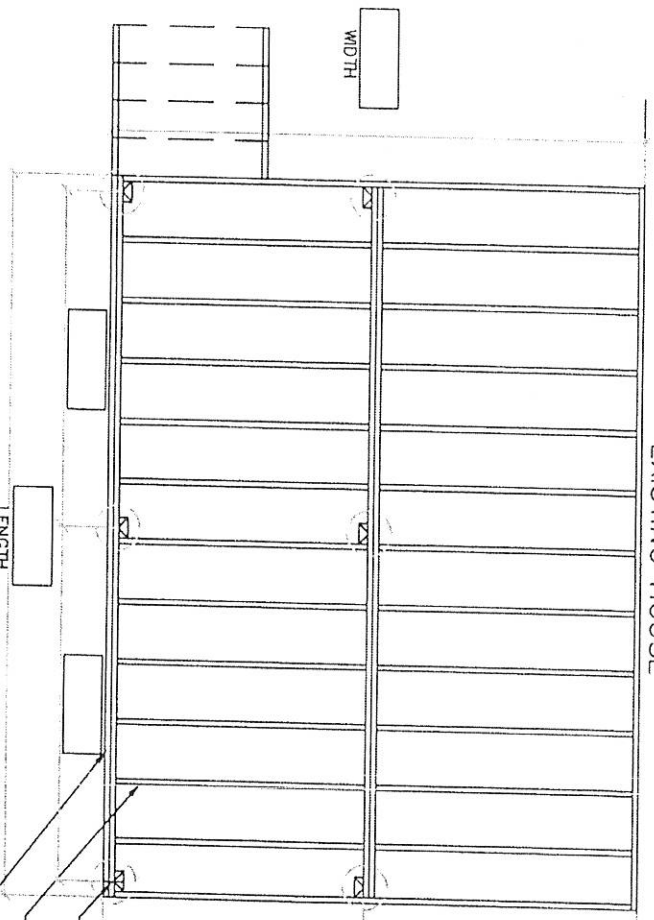


AT SPLICE

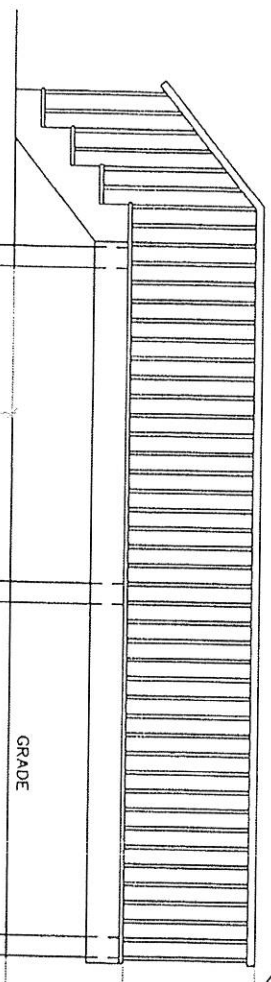
OPTION 2: NOTCHED POST: □4X6 □6X6



EXISTING HOUSE



DECK PLAN



DECK ELEVATION

OWNER/CONTRACTOR SIGNATURE _____ DATE _____