

BUILDING PERMIT APPLICATION

New 1 & 2 Family Dwellings Residential Additions
 Multi-Family/Commercial Construction (new)
 Commercial Addition Commercial Remodel
 Accessory Structures (Residential/ Commercial)

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In order to apply for a permit, you must complete the form below.

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Job Address:
Street Number: _____ Unit # (if any): _____ Street Name: _____ Zip Code: _____

Current Zoning: _____ Subdivision: _____

What (if anything) is on the property now? (i.e., house, restaurant, etc.): _____

Lot #: _____

Name of Owner: _____

Address of Owner: _____

City, ST ZIP: _____ Phone: _____

If Applicable:

Lessee Name: _____

Lessee Address: _____

Lessee City ST ZIP: _____ Phone: _____

If Applicable:

General Contractor Name _____

Address _____

Brief description of work to be done: _____

Name of Applicant (Agent or Owner): _____

Date of Application: _____

Telephone: _____

Value of Work: \$ _____

For Building Permits that add square footage to a property, enter the setbacks:

Front: _____ Left Side: _____ Right Side: _____ Rear: _____

For Building Permits:

Sprinkler System?: Y _____ N _____

of Stories: _____ # of Rooms: _____ # of Bedrooms _____ # of Baths _____ Fireplaces _____ Chimneys: _____

If Applicable:

of Buildings: _____ # of Units: _____ Sprinkler System Sq Footage: _____

If Applicable: Square Footage Per Floor

Bsmt/Crawl Space _____

1st Floor _____

2nd Floor _____

3rd Floor _____

4th Floor _____

5th Floor _____

6th Floor _____

Total _____

Garage Total _____

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Thank you for completing this application. It will be processed as quickly as possible.

** Requests for inspections will not be scheduled unless the permit address is supplied at the time of the request.

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Applicant's Signature: _____

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THE FOLLOWING ITEMS ARE REQUIRED:

___ If required by State law, a copy of **State Construction Design Release**.

___ Site Plan.

___ **TWO COMPLETE sets of drawings.** All drawings must clearly show the square footage being remodeled and proposed use for each space. Must include plumbing details

___ Scope of all the work that is planned for project.

___ List of all subcontractors used on the project. All subcontractors must be registered with the Town of Chesterton.

___ Number and location of parking spaces including handicapped.

Electric Service Type _____ Volts _____ Phase _____



Building Department

Ordinance 2015-22, was established to help better identify those structures that contain floors and roofs which are constructed from manufactured or engineered products.

Please check all that apply for this permit application:

Address of Location _____

- "Manufactured floor" shall mean any floor support system, including I-beam joists, trusses, rim boards or headers, constructed in whole or in part with manufactured or engineered wood products as opposed to conventional or natural wood products

 - "Manufactured roof" shall mean any roof support system, including I-beam joists, trusses, or rafters, constructed in whole or in part with manufactured or engineered wood products as opposed to conventional or natural wood products.

 - Not Applicable
-

Signature: _____

Date: _____

PLEASE LIST # OF ALL NEW MECHANICAL UNITS OR UNITS BEING REPLACED. (DO NOT INCLUDE EXISTING MECHANICAL UNITS!)

<u>MECHANICAL EQUIPMENT</u>	<u># OF UNITS</u>
FURNACE	_____
A/C	_____
BOILER	_____
AIR HANDLER	_____
HOOD EXHAUST	_____
FIRE SUPPRESSION SYSTEM	_____
FIRE SPRINKLER SYSTEM	_____
MISC. REFRIGERATION EQUIPMENT	_____
GENERATOR	_____

PLEASE LIST # OF ALL NEW PLUMBING FIXTURES OR FIXTURES BEING REPLACED (INCLUDING ALL FUTURE ROUGH-IN PLUMBING). DO NOT INCLUDE EXISTING PLUMBING FIXTURES!

WATER CLOSET (TOILET)	_____	FLOOR/ROOF DRAINS	_____
BATH TUB	_____	REFRIGERATOR DRAINS	_____
SHOWER STALL	_____	GREASE INTERCEPTOR	_____
LAVATORY (BATH SINK)	_____	HOSE BIBB	_____
KITCHEN SINK	_____	SUMP PIT	_____
DISHWASHER	_____	LAUNDRY TUB	_____
FOUNTAIN	_____	ADDITIONAL SINKS	_____
URINAL	_____	OTHER	_____
WATER HEATER	_____		
WATER SOFTENER	_____		
CLOTHES WASHER	_____		

CONTRACTOR LIST

Please list name, address, and phone number of each contractor working on job.

Date: _____ Address of Site _____

	<u>NAME</u>	<u>PHONE</u>
General	_____	_____
Address	_____	_____
Excavator	_____	_____
Address	_____	_____
Electric	_____	_____
Address	_____	_____
Plumbing	_____	_____
Address	_____	_____
Sewer	_____	_____
Address	_____	_____
HVAC	_____	_____
Address	_____	_____
Framer	_____	_____
Address	_____	_____
Concrete	_____	_____
Address	_____	_____
Concrete Block	_____	_____
Address	_____	_____
Waterproofing	_____	_____
Address	_____	_____

CONTRACTOR LIST (continued)

	<u>NAME</u>	<u>PHONE</u>
Roofing	_____	_____
Address	_____	_____
Drywall	_____	_____
Address	_____	_____
Siding	_____	_____
Address	_____	_____
Brick Work	_____	_____
Address	_____	_____
Painter	_____	_____
Address	_____	_____
Gutters	_____	_____
Address	_____	_____
Trim	_____	_____
Address	_____	_____
Insulation	_____	_____
Address	_____	_____
Energy Testing Rater	_____	_____
Address	_____	_____
Fire Suppression/Hood	_____	_____
Address	_____	_____

All sub's must be registered in the Town of Chesterton before permit can be issued.

AFFIDAVIT ON PLAN AUTHENTICATION

_____, being first duly sworn upon his/her oath says:

As the person eligible and responsible for obtaining a permit or permits as required in Section 5-41(5) of the Chesterton Town Code, and based upon information contained within these plans, I certify that these plans are identical to those released for construction by the Indiana Department of Fire and Building Services. I also understand that if it is determined that these plans are not identical, all permits obtained as a result of their submittal may be revoked as stated in Section 5-41(6) of the Chesterton Town Code, and that I will be subject to penalties for perjury.

Affiant's Signature

Printed Name

Subscribed and sworn to before me, a Notary Public, this ____ day of _____, 20____.

Notary Public

My Commission Expires:

Resident of _____ County

PRETREATMENT INFORMATION

IT IS NECESSARY FOR CONTRACTORS THAT ARE APPLYING FOR BUILDING PERMITS FOR THE CONSTRUCTION OF NEW BUILDINGS TO CONTACT THE PRETREATMENT COORDINATOR, ELLIOTT LOWE, UPON APPLYING FOR PERMITS. THIS WILL ENABLE COORDINATOR TO DETERMINE WHAT KIND OF PRETREATMENT WILL BE REQUIRED FOR YOUR FACILITY. THIS WILL ALSO APPLY TO ANY REMODELING OF BUSINESSES.

IT IS IMPORTANT TO GIVE AS MUCH INFORMATION ABOUT THE BUSINESS OR BUSINESSES THAT ARE PLANNED FOR THE PROJECT. THIS WILL SPEED UP THE PROCESS FOR BOTH THE COORDINATOR AND THE BUILDER.

THE NUMBER TO CALL FOR ELLIOTT LOWE IS: 219-926-1032.



Building Department

ATTENTION
ALL CONTRACTORS WORKING IN THE TOWN OF CHESTERTON

WHENEVER THERE SHALL BE ANY EXCAVATING STARTED UPON ANY LOT AND THERE ARE BUILDINGS ADJOINING LOT, SUCH PERSON MAKING SUCH EXCAVATINGS SHALL NOTIFY THE OWNER OF SUCH BUILDING IN WRITING AT LEAST TEN (10) DAYS BEFORE COMMENCING SUCH EXCAVATING.

IT IS IMPERATIVE THAT ALL CONSTRUCTION SITES MAINTAIN SILT FENCES DURING CONSTRUCTION. SILT FENCES MUST REMAIN IN PLACE UNTIL A LAWN IS ESTABLISHED OR SOD REQUIREMENTS ARE MET.

ALL TEMPORARY DRIVEWAYS MUST HAVE AGGREGATE DOWN IMMEDIATELY FOLLOWING EXCAVATION OR INSPECTIONS WILL NOT BE CONDUCTED. YOU WILL BE IN VIOLATION OF CHESTERTON STORM WATER MANAGEMENT.

EVERY PERMIT ISSUED BY THE TOWN PURSUANT TO CHAPTER 5, SEC. 5-44 SHALL EXPIRE AND BECOME NULL AND VOID IF THE WORK AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN SIXTY (60) DAYS FROM THE DATE OF SUCH PERMIT OR HAS NOT BEEN COMPLETED WITHIN ONE HUNDRED EIGHTY (180) DAYS FROM THE DATE OF SUCH PERMIT EXCEPT THAT NEW RESIDENTIAL, BUSINESS AND INDUSTRIAL STRUCTURES SHALL HAVE EIGHTEEN (18) MONTHS TO BE COMPLETED FROM THE DATE OF SUCH PERMIT BEFORE THE PERMIT EXPIRES. BEFORE ANY UNCOMPLETED WORK CAN BE RECOMMENCED AFTER THE EXPIRATION OF A PERMIT, A NEW PERMIT SHALL BE FIRST OBTAINED AND A NEW FEE SHALL BE PAID IN ACCORDANCE WITH THIS CHAPTER.

A STATE DESIGN RELEASE MAY BE REQUIRED FOR WORK ON CLASS 1 STRUCTURES.

12-04-09



Building Department

**TOWN OF CHESTERTON
CONTRACTOR APPLICATION**

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____ CELL _____

CLASSIFICATION OF SERVICE PROVIDED _____

CONTACT PERSON _____

ITEMS NEEDED FOR CONTRACTOR TO REGISTER IN CHESTERTON:

- 1. CERTIFICATE OF INSURANCE.** ALL BUILDING CONTRACTORS SHALL FURNISH, AS PART OF THIS APPLICATION: (A) A VALID, CURRENT CERTIFICATE OF INSURANCE SHOWING COMPLIANCE WITH INDIANA WORKER'S COMPENSATION AND OCCUPATIONAL DISEASE LAWS, OR A CURRENT WORKER'S COMPENSATION CLEARANCE CERTIFICATE; AND (B) A CERTIFICATE OF INSURANCE DEMONSTRATING MINIMUM COMBINED SINGLE LIMITS OF FIVE HUNDRED THOUSAND DOLLARS PER OCCURRENCE FOR BODILY INJURY AND PROPERTY DAMAGE.
- 2. \$5,000 BOND** (CHOICE OF 2 OPTIONS)
OPTION #1 – PORTER COUNTY UNIFIED BOND. MUST BE RECORDED IN VALPARAISO BY THE RECORDER AND STAMPED WITH RECORDERS STAMP TO BE VALID IN THE TOWN OF CHESTERTON. GOOD IN ALL TOWNS AND CITIES IN PORTER COUNTY. (COUNTY RECORDER 465-3465).
OPTION #2 – BOND MADE OUT TO THE TOWN OF CHESTERTON. THIS BOND DOES NOT NEED TO BE RECORDED. THIS BOND CAN ONLY BE USED IN THE TOWN OF CHESTERTON.
- 3. \$100.00 REGISTRATION FEE.** THIS IS GOOD FOR ONE YEAR. RENEWAL IS \$50.00 **IF NOT EXPIRED** (IF CONTRACTOR IS A PLUMBER, THE EXPIRATION DATE IS DECEMBER 31ST OF THE SAME YEAR). CHECKS ARE TO BE MADE OUT TO: **TOWN OF CHESTERTON.**

*******PLUMBING CONTRACTORS MUST PROVIDE A COPY OF THEIR VALID INDIANA STATE PLUMBING LICENSE.*******



Building Department

REQUIRED INSPECTIONS

The following inspections apply to all residential and commercial construction. The contractor or owner must call the Building Department office **twenty four (24) hours in advance** to schedule inspections. The Building Department office is open from 8:00 A.M. to 4:30 P.M. Monday through Friday.

Stake Inspection: When property is staked, prior to excavation of any type. Must meet all setback requirements. All four corners of lot required to be staked.

Footing Inspection: When the foundation has been excavated and forms are set or trenches have been excavated, prior to pouring concrete. **PRIOR TO THE PREPOUR FOUNDATION WALL INSPECTION, A WRITTEN DOCUMENT SIGNED AND SEALED BY SURVEYOR MUST BE SUBMITTED CERTIFYING THE TOP OF THE FOOTING ELEVATION.**

Foundation Wall Inspection: When wall forms are in place , with rod.

Foundation Backfill Inspection: When drain tile, stone and wall waterproofing is complete, but before backfill.

Electric Service Inspection: Building Department will notify Nipsco when this inspection is complete and approved.

Underground Plumbing: Must be inspected before covering.

Rough Inspection: All electric, plumbing, framing and mechanical. (Must be exposed and visible.)

Insulation Inspection: Prior to drywall.

****RESIDENTIAL NEW CONSTRUCTION MUST SUBMIT COMPLETED INSPECTION CHECKLIST PRIOR TO ON-SITE INSPECTION****

Public Sidewalk Inspection: Forms prior to concrete pour. (Wire Mesh or Fiber Mesh required in concrete)



Building Department

PRIOR TO OCCUPANCY/FINAL INSPECTION, AN AS-BUILT SITE PLAN DRAWING MUST BE SUBMITTED SIGNED AND SEALED BY SURVEYOR, MEETING ALL THE REQUIREMENTS OF SECTION 5-41 OF THE CHESTERTON TOWN CODE AND IDENTIFYING ALL OF THE IMPROVMENTS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: BUILDING LAYOUTS, INFRASTRUCTURE, TOP OF THE FOOTING ELEVATION, TOP OF THE FOUNDATION WALLS ELEVATION, FINISHED GARAGE FLOOR ELEVATION, FINAL GRADING ELEVATIONS FOR THE PARCEL AND EXTENDING AT LEAST TWENTY (20) FEET INTO SURROUNDING PARCELS, AND DRAINAGE FLOW ARROWS. PRIOR TO AN OCCUPANCY PERMIT BEING ISSUED, THE PARKWAY AREA (AREA BETWEEN THE CURB EDGE OF THE ROAD AND THE SIDEWALK) SHALL BE SODDED, AND ALL PERIMETER CONTROLS (I.E. SILT FENCE, FILTER SOCK, ETC.),OR ACCEPTABLE ALTERNATIVE, SHALL REMAIN IN PLACE. IF THE LOT DOES NOT HAVE A PARKWAY AREA, THEN NO LESS THAN EIGHT (8) FEET OF SOD SHALL BE PLACED BETWEEN THE CURB EDGE OF THE ROAD PAVEMENT AND THE BUILDING OR STRUCTURE.

****A BLOWER DOOR CERTIFICATE MUST BE SUBMITTED FOR ALL NEW RESIDENTIAL CONSTRUCTION BEFORE OCCUPANCY CERTIFICATE WILL BE ISSUED****

SECTION 24-53 OF CHESTERTON TOWN CODE REQUIRES INDIVIDUAL BUILDING LOTS TO ACHIEVE FINAL STABILIZATION WITH A PERENNIAL VEGETATIVE COVER WITH A DENSITY OF AT LEAST SEVENTY PERCENT (70%) ON ALL UNPAVED AREAS AND AREAS NOT COVERED BY PERMANENT STRUCTURES. ALTERNATIVE MEASURES TO SITE STABILIZATION ARE ACCEPTABLE IF THE PROJECT SITE OWNER OR THEIR REPRESENTATIVE CAN DEMONSTRATE THEY HAVE IMPLEMENTED EROSION AND SEDIMENT CONTROL MEASURES ADEQUATE TO PREVENT SEDIMENT DISCHARGE.

Final Building Inspection/Occupancy Inspection: The inspector will be checking mainly for safety features such as smoke detectors, hand rails on stairwells, and G. F. C. I. protected outlets. Separation of residence from attached garage. House numbers must be installed as per Town Code. If septic systems are used, they must first be approved by the Porter County Health Department. Front yard tree as required by Zoning Ordinance must be planted (i.e. front yard between sidewalk and front wall of home.)

OCCUPANCY PERMIT MUST BE ISSUED BEFORE STRUCTURE IS OCCUPIED.

Other inspections may be made at the discretion of the Town Engineer or Building Commissioner.

*****\$50.00 REINSPECTION FEE WILL BE CHARGED FOR ALL FAILED OR ADDITIONAL RESIDENTIAL INSPECTIONS.**

*****\$85.00 REINSPECTION FEE FOR ALL FAILED OR ADDITIONAL COMMERCIAL INSPECTIONS.**

7/09/2012

INSPECTION CHECK OFF LIST

_____ Stake

_____ Footing

_____ Written document signed and sealed by surveyor certifying top of footing elevation.

_____ Foundation Walls

_____ Foundation Backfill

_____ Temporary Electric (If applicable)

_____ Electric Service

_____ Underground Plumbing

_____ Rough/Fire Truss Inspection

_____ Insulation/Flame Spread Rating (If Unfinished?)

_____ Sidewalk

_____ As-Built Site Plan Drawing signed and sealed by Surveyor

_____ Parkway area sodded or 8' of sod

_____ Home Certified Blower Door Certificate

_____ Temporary Occupancy

_____ Occupancy

Unfinished areas _____