

TOWN OF BEVERLY SHORES  
P.O. Box 38, Beverly Shores, IN 46301  
Phone 219-728-6531, fax 219-728-6532  
[beverlyshores.clerk@gmail.com](mailto:beverlyshores.clerk@gmail.com)  
beverlyshoresindiana.org

PERMIT # \_\_\_\_\_  
DATE \_\_\_\_\_

**Septic Repair or Replace**

- Name(s) of Legal Owner(s) of Property \_\_\_\_\_
1. Address \_\_\_\_\_
  2. Phone No. home \_\_\_\_\_ work \_\_\_\_\_ e-mail \_\_\_\_\_
  3. Legal Description of Property Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Unit \_\_\_\_\_
  4. Street Address \_\_\_\_\_
  5. Architect \_\_\_\_\_ 6. Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone/E-Mail \_\_\_\_\_ Phone/E-Mail \_\_\_\_\_
  7. Estimated Cost of Project: \_\_\_\_\_

**(Please note: Projects costing more than \$5,000 require a Contractor Registration)**

**Attach the following as per Section 155.056 of the Beverly Shores Zoning Ordinance**

- A. Copy of recorded deed for property.
- B. Septic permit application to and permit from Porter County for this project.

I certify the above information to be correct and true \_\_\_\_\_  
Owner's Signature / Date

**DO NOT WRITE BELOW THIS LINE**

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Date received by the Building Commissioner \_\_\_\_\_  
Action of Building Committee: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_

Date Applicant Notified \_\_\_\_\_

I certify, to the best of my knowledge and belief, this permit is issued in conformance with all requirements on the Beverly Shores Zoning Ordinance.

\_\_\_\_\_  
Building Commissioner / Date