

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

PERMIT # _____
DATE _____

Application for Building Permit - Remodeling

- 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 _____ Phone _____
E-Mail _____ 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
(Consult Building Commissioner to determine when a permit for remodeling is required)**

- A. Approved septic permit from Porter County Health Dept. if increasing number of bedrooms
- B. Three (3) sets of floor plans, drawn to scale. Details of any structural work to be prepared by a registered architect/engineer.
- C. Copy of recorded deed for property.
- D. Receipt from Town Clerk for non-refundable Administration fee.

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

DO NOT WRITE BELOW THIS LINE

Date received by the Building Commissioner _____
Action of Building Commissioner _____ Approved _____ Disapproved _____
Comments _____

Date Applicant Notified _____

I certify, to the best of my knowledge and belief, this application is in conformance with all requirements of the Beverly Shores Zoning Ordinance and is therefore approved.

Building Commissioner / Date