

TOWN OF BEVERLY SHORES
Application for Building Permit
Remodeling

PERMIT # _____
DATE _____

1. Name(s) of Legal Owner(s) of Property _____
2. Address _____
3. Phone No. home _____ work _____ e-mail _____
4. Legal Description of Property Block ___ Lot(s) _____ Unit _____
5. Street Address _____
6. Architect _____ 7. Contractor _____
Address _____ Address _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____

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.

Note: I understand that I am responsible for the removal and/or correction of any deviations from the approved plans.

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

Approved by Plan Commission June 1, 2009