TOWN OF BEVERLY SHORES

P.O. Box 38, Beverly Shores, IN 46301 Phone 219-728-6531, fax 219-728-6532

<u>beverlyshores.clerk@gmail.com</u> beverlyshoresindiana.org

PERMIT #	
DATE	

New Construction of Accessory Structures and Decks over 201 sq. ft.

	Nam	e(s) of Legal Owner(s) of	Property					
2. Phone No. homeworke-mail_ 3. Legal Description of Property BlockLot(s)Ut 4. Street Address	1.	Address						
3. Legal Description of Property 4. Street Address 5. Architect	2.	Phone No. home	wor	k	e-mail			
5. Architect	3.	Legal Description of Prop	perty Block	Lot(s)	Unit			
5. Architect	4.	Street Address						
Phone/E-Mail 7. Estimated Cost of Project:	5.	Architect		6.Contractor				
Phone/E-Mail 7. Estimated Cost of Project:	1	Address	Address					
Attach the following as per Section 155.056 of the Beverly Shores Zonin A. Copy of recorded deed for property. B. For commercial and/or public buildings:	1	Phone/E-Mail		Phone/E-Mail	·			
Attach the following as per Section 155.056 of the Beverly Shores Zonin A. Copy of recorded deed for property. B. For commercial and/or public buildings:	7. E	Estimated Cost of Project:						
A. Copy of recorded deed for property. B. For commercial and/or public buildings: Approval, in writing, from the Porter County Building Commissione Approval, in writing, from the Indiana State Highway Department for C. Receipt from Town Clerk for Building Permit Administration fee (non-D. Size of structural members and height of deck off grade is required plus survey showing placement of proposed accessory structure and/or deck. I understand that I must obtain a Certificate of Occupancy, where applicable, upon comp project. I also understand that an Occupancy Certificate will not be granted if the finished conform to the approved plans. I further understand that I am responsible for the removal of any deviations from the approved plans. I certify the above information to be correct and true		(Please note: Project	s costing more tha	n \$5,000 require a C	ontractor Registration)			
B. For commercial and/or public buildings:		Attach the followin	g as per Section 15	5.056 of the Beverly	Shores Zoning Ordinance			
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survey showing placement of proposed accessory structure and/or deck. I understand that I must obtain a Certificate of Occupancy, where applicable, upon comp project. I also understand that an Occupancy Certificate will not be granted if the finished conform to the approved plans. I further understand that I am responsible for the removal of any deviations from the approved plans. I certify the above information to be correct and true	C. Receipt from Town Clerk for Building Permit Administration fee (non- refundable).							
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Date received by the Building Commissioner Action of Building Committee: Approved Dis Comments Building Permit Fee Assessed Date Applicant Notified I certify, to the best of my knowledge and belief, this permit is issued in conformance.	roject. I onform f any de	also understand that an C to the approved plans. I for viations from the approved	Occupancy Certifica arther understand the ed plans.	te will not be granted at I am responsible fo	if the finished project does not or the removal and/or correction			
Date received by the Building Commissioner				Owner's	Signature / Date			
Action of Building Committee: Approved Dis Comments Date Applicant Notified I certify, to the best of my knowledge and belief, this permit is issued in conformance.			DO NOT WRIT	E BELOW THIS LI	NE			
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Comments	Date	on of Building Committee	Commissioner	Approved	Disapproved			
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	Com	inicitis						
	Build	ding Permit Fee Assessed	.]	Date Applicant Notific	ed			
					n conformance with all			
Building Commissioner / Date	Build	ding Commissioner / Date						