



<b>BUILDING PERMIT APPLICATION</b>		
<b>(A) CATEGORY OF CONSTRUCTION</b>		
<input type="checkbox"/> 1 & 2 Family Residence	<input type="checkbox"/> Accessory Structure	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural	
<b>(B) TYPE OF WORK</b>		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	
<input type="checkbox"/> Remodel Existing	<input type="checkbox"/> Demolition	
Description of Work:		
<b>(C) JOB SITE INFORMATION AND LOCATION</b>		
Site Address:		
City:	Zip:	
Subdivision	Lot #:	
Tax ID #:		
<b>(D) PROPERTY OWNER</b>		
Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>(E) CONTRACTOR/APPLICANT</b>		
Business Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
Contact Name:		
<b>(F) SUB CONTRACTORS</b>		
<b>ELECTRICAL:</b>		
Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>MECHANICAL:</b>		
Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>PLUMBING:</b>		
Address:		
City:	State:	Zip:
Phone:		
Email:		
<b>OTHER:</b>		
Address:		
City:	State:	Zip:
Phone:		
Email:		

<b>OFFICE USE ONLY</b>	
Accepted By:	Permit #:
Date Received:	Date Issued:
<b>(G) CONSTRUCTION INFORMATION</b>	
Cost of Project:	Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation: <input type="checkbox"/> No Basement <input type="checkbox"/> Crawlspace	
<input type="checkbox"/> Non-Habitable Basement <input type="checkbox"/> habitable basement	
Structure Type: <input type="checkbox"/> On-Site Construction <input type="checkbox"/> Modular	
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Pole Construction (No Residences)	
Floor System: <input type="checkbox"/> Wood I Joist <input type="checkbox"/> Wood Trusses	
Roof System: <input type="checkbox"/> Wood I Joist <input type="checkbox"/> Wood Trusses	
No. of Stories:	Height of Roof Peak:
<b>(H) RESIDENTIAL</b>	
No of Bedrooms	No of Bathrooms
<b>ADD SQUARE FEET AREA BELOW</b>	
1 <sup>st</sup> Floor:	2 <sup>nd</sup> Floor:
Finished Basement:	Garage:
Covered Porch:	Wood Deck:
Addition:	Total:
<b>(I) RESIDENTIAL REMODEL</b>	
Mechanical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathrooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drains: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(J) COMMERCIAL</b>	
No of Plumbing Drains:	No of Mech. Units:
Sprinkler Heads:	
Existing Sq. Ft:	New Sq. Ft:
Existing Use:	
New Use:	
State Release Applied For: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(K) AGRICULTURAL</b>	
Building Dimensions:	Sq. Ft:
Building Use:	No of Animals:
Mechanical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathrooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drains: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where Do Drains Discharge:	
<b>(L) GAS LINE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(M) ELECTRICAL</b>	
Electrical Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Kv:
Temp Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Permanent Serv: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Amps:
Sub Panel Amps:	Sub Panel Amps:
Sub Panel Amps:	Sub Panel Amps:
<b>(N) CHECKLIST</b>	
<input type="checkbox"/> Site Plan Attached	
<input type="checkbox"/> Commercial Plans sent to Plans@elkhartcounty.com	



**PLANNING &  
DEVELOPMENT**  
ELKHART COUNTY

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