

**APPLICATION FOR A PORTABLE BUILDING  
CITY OF HAMMOND**

**FILING DATE:** \_\_\_ \ \_\_\_ \ \_\_\_

**PERMIT#** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

First Name MI Last Name

**COMPANY NAME:** \_\_\_\_\_ Owner Contractor Other

Applicant Mailing Address: \_\_\_\_\_  
Street Name/Street Number City State Zip

Applicant Telephone: (\_\_\_\_\_) \_\_\_\_\_ Applicant Fax: (\_\_\_\_\_) \_\_\_\_\_

**PARCEL#** \_\_\_\_\_ **(Please verify address w/City of Hammond GIS Dept.)**

**SITE ADDRESS:** \_\_\_\_\_  
Street#/Street Name

Where did you get this address?  Post Office  City Building Dept.  911 Office  Other \_\_\_\_\_

**PROPERTY OWNER NAME:** \_\_\_\_\_  
First Name MI Last Name

Owner Address: \_\_\_\_\_  
Street Name/Street Number City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**FLOOD ZONE:** Zoning Requiring Elevation Certificate: A AE AO AH A1-A30 A99 B  
Zoning Not Requiring Elevation Certificate: C X

**PERMIT INFORMATION-Description**

Floodway: \_\_\_\_\_ No-Flood Zone: \_\_\_\_\_ No-Flood Designation: \_\_\_\_\_

Parking Surface: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_

SETBACK: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Unit Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq.ft. Total Cost of Construction: \$ \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Unit Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft. x \_\_\_\_\_ ¢ = \$ \_\_\_\_\_ PERMIT FEE

AMOUNT PAID:\$ \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH DATE PAID \_\_\_/\_\_\_/\_\_\_

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