			CITY OF HA	AMMOND			
FILING D	ATE:/_	/			PER	MIT#	
ADDI ICA	NT NAME					Owner	Other
APPLICA	<u>INI</u> NAME.	First Name	MI		Last Name	Owner	Other
Address:							
<u></u>		Street Name/Stree	et Number	City	State	Zij	)
\nnlicant 7	Felenhone:	( )	Em	nail:			
тррпсант 1	relephone.		En				
DANEL 5	ED A II ED						
	TRAILER /						
railer / RV	/ Vendor:						
railer / RV	/ Vendor Te	elephone #: (	)				
		y qualifies applic noved after 1 yea	ant for ONE YEAR r.	APPROVAL			
PARCEL	#		(Please verify	address w	City of Ham	mond GIS D	Pept.)
SITE ADD	RESS:		Street Name				
Where did yo	ou get this ac	Street#/ Iddress? DPost O	Street Name ffice D City Buildir	ng Dept. D 9	11 Office DOth	ner	
PROPERT	TY OWNEI	R NAME:	First Name				
			First Name		MI	La	st Name
Property O	wner Addres	SS:Street N	Name/Street Number	City	State	7;,	)
Tel	lephone: (_	)		Fax: (	)		,
Em	i1.						
Lin	ıaıı						
PERMIT I	INFORMA'	TION					
			Гravel Trailer / RV:	ftv	ft Color:		
Seriai #		Size of i					
Yea	ar Built:		Ι	ot Size:			
FLOOD ZO			Elevation Certificate ing Elevation Certi			-A30 A99	В
Floodway:	Yes	No					
			REQUIRE	EMENTS			
	# OF UNIT		MINIMUM		FRONT	SIDE	REAR
	INSTALLE		AREA PER UNIT		SETBACK DISTANCE	SETBACK DISTANCE	SETBACK DISTANCE
	A SINGLE						
	A SINGLE						
	A SINGLE						
		EE: \$100.00 / Unit	TEMPORARY 1 YE., including \$50 sewer in			5 Units.	
		EE: \$100.00 / Unit				5 Units.	
CLASS	FI		, including \$50 sewer in	npact fee for pro	jects of more than	5 Units.	
ZONING CLASS XSIGNATUI	FI			npact fee for pro		5 Units.	
X_SIGNATU	FI RE OF APP	LICANT (must	be signed by owner	npact fee for pro	DATE		
X_SIGNATU	FI RE OF APP	LICANT (must	, including \$50 sewer in	r) SE ONLY***	DATE	*****	

FOR OFFICIAL	USE	ONLY	7
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Date Approved	Requirement	Approved By: (Initials)
	Sewer/Water Inspection	, ,
	Zoning	
	Site Inspection	
	Building Inspection	
	Skirting	
	Anchoring	

<u>BUILDING</u>	INSPECTOR	<u>COMMENTS</u>

Site & Building Problems Noted: (Attach Site Plan)		
APPROVED:		
BUILDING OFFICIAL, CITY OF HAMMOND	DATE	