



# Town of Dyer

One Town Square  
Dyer, Indiana 46311

Phone: 219.865.4228 – FAX: 219.865.4378

Received By \_\_\_\_\_

Received Date \_\_\_\_\_

## BUILDING AND ZONING APPLICATION

Job Site Information			
Address:		Subdivision:	Lot #
Description of Work:			Cost:
General Contractor Information			
Name:		Ph#:	Mobile#:
Address:		City:	State: ZIP:
Contact Name:			
Property Owner Information			
Name:		Ph #:	Mobile#:
Address:		City:	State: ZIP:
Business Name (if Commercial Job):			Email:

Deck	Patio	Roof	TOTAL COST
Sq Ft:	Sq Ft:	Sq Ft:	Cost:

Pool	TOTAL COST
Aboveground <input type="checkbox"/> In-Ground <input type="checkbox"/> Fence Height: _____ Cover Type: Manual <input type="checkbox"/> Auto <input type="checkbox"/>	Cost:

Fence	Shed	TOTAL COST
Lineal Ft: _____ Sq Ft: _____	Sq Ft: _____	Cost:

Signage	
Illuminated <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises <input type="checkbox"/> Temporary <input type="checkbox"/> Wall Mounted - Projection from Bldg Fascia:	
Lineal Ft of Bldg Frontage of Tenant Space Occupied: _____	Cost of Sign & Installation:

Demolition
Sq Ft: _____
<b>Note: Property owner Permission must be attached and Public Works must be contacted at 219.865.4222 for removal of water meter. You must submit an IDEM Report, if applicable.</b>

Electrical	Water Utility
Service Size (A): _____ Temp Pole: <input type="checkbox"/>	Meter Size: _____
# of Wires: _____ # of Poles: _____	Misc: _____

Plumbing Fixtures		
Kitchen Sinks:	Bathroom Sinks:	Sump Pump:
Garbage Disposal:	Laundry Tubs:	Ejector Pit:
Dishwasher:	Washer Hook-up:	Check Valves:
Toilets:	Water Heater:	Other:
Urinals:	Floor Drain:	Water Fountains:
Bath Tubs:	Garage Drain:	Shower Heads:
Outside Water Spigots:	Grease Trap:	<b>Total Fixture Count:</b>

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

<b>New Construction</b>		
<b>Total Cost:</b>	Energy Code Compliant:	State Design Release: Required <input type="checkbox"/> Exempt <input type="checkbox"/>
Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Remodel/Addition <input type="checkbox"/> Other <input type="checkbox"/>	Restaurant # of Seats:	
Units: Single family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Unit <input type="checkbox"/>		
Levels: 1 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Level <input type="checkbox"/> Quad <input type="checkbox"/> Other <input type="checkbox"/>		
Total Sq Ft:	Total Height:	
Foundation: Slab <input type="checkbox"/> Crawl-Space <input checked="" type="checkbox"/> Basement <input type="checkbox"/>	Driveway Sq Ft:	Sidewalk/Walkway Sq Ft:
Basement Finished %:	Basement Unfinished %:	Basement Type: Walk-out <input type="checkbox"/> Look-out <input type="checkbox"/>
Fireplace Type: Pre-fab <input type="checkbox"/> Masonry <input type="checkbox"/>	Number of Baths: Full <input type="checkbox"/> Half <input type="checkbox"/>	
<b>Note: I understand that I must comply with soil erosion control and that it will be strictly enforced.</b>		
<b>Electrical</b>		<b>Water Utility</b>
Service Size (A):	Temp Pole: <input checked="" type="checkbox"/>	Meter Size:
# of Wires:	# of Poles:	Misc:
<b>Plumbing Fixtures</b>		
Kitchen Sinks:	Bathroom Sinks:	Sump Pump:
Garbage Disposal:	Laundry Tubs:	Ejector Pit:
Dishwasher:	Washer Hook-up:	Check Valves:
Toilets:	Water Heater:	Other:
Urinals:	Floor Drain:	Water Fountains:
Bath Tubs:	Garage Drain:	Shower Heads:
Outside Water Spigots:	Grease Trap:	<b>Total Fixture Count:</b>
<b>Mechanical</b>		<b>Lawn Sprinkling</b>
Air Conditioning Unit - Count:	Sprinkler Heads - Count:	Sprinkler Heads - Count:
Furnace Unit - Count:		

<b>Subcontractor List</b>		
<b>Plumbing</b>		
Name:	License #	
Address:	Ph #:	Registration #:
<b>Carpenter</b>		
Name:	Ph#:	Registration #:
<b>Electrical</b>		
Name:	Ph#:	Registration #:
<b>HVAC</b>		
Name:	Ph#:	Registration #:
<b>Insulation</b>		
Name:	Ph#:	Registration #:
<b>Excavato</b>		
Name:	Ph#:	Registration #:
<b>Drywall</b>		
Name:	Ph#:	Registration #:
<b>Roofing</b>		
Name:	Ph#:	Registration #:
<b>Water/Sewer Tap</b>		
Name:	Ph#:	Registration #:
<b>Specialty</b>		
Name:	Ph#:	Registration #:
<b>Specialty</b>		
Name:	Ph#:	Registration #:

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_