



ELKHART COUNTY Application for Building Permit

Please submit to:
4230 Elkhart Road
Goshen, IN 46526
574-875-3335

Date: _____

- New Construction
 Remodel Existing
 Electrical, Plumbing, & Heating
 Demolition

Applicant Information

Owner _____	Contractor _____
Mailing Address _____	Address of Contractor _____
_____	Phone Number where you can be contacted _____
City _____ State _____	_____
Zip _____ Phone _____	_____

Construction Site Address or Location

New	Remodel
Physical Address: _____	Physical Address: _____
Subdivision: _____	_____
Lot _____ Lot Size (sq. ft.) _____	Tax ID# _____

New Construction – Attach Site Plan (with setbacks)

Type of Building	Building Permit
<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Two Family <input type="checkbox"/> Industrial <input type="checkbox"/> Multi Family <input type="checkbox"/> Church <input type="checkbox"/> Accessory Building	Basement/Crawlspace: <input type="checkbox"/> No Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Non-Habitable Basement <input type="checkbox"/> Habitable Basement Type of Structure: <input type="checkbox"/> On-Site Construction <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured <input type="checkbox"/> Mobile Home
No. of Rooms _____ No. of Stories _____	

Remodel or Demolition

Briefly Explain Project: _____

Estimated Valuation of Project:

Building Area	
1 st Floor _____	sq. ft.
2 nd Floor _____	sq. ft.
Finished Basement _____	sq. ft.
Garage _____	sq. ft.
Covered Porch _____	sq. ft.
Wood Deck _____	sq. ft.
Total Sq. Ft. _____	

Contractor:

General: _____

Plumbing: _____

Mechanical: _____

Electrical: _____

Sprinkler: _____

Other: _____

**INSPECTION REQUESTS CAN
BE MADE 24 HOURS A DAY
574-875-3335**

I, the undersigned hereby certify that the information given herein is correct and I bind myself to comply with all ordinances pertaining to or governing the construction, repair, alteration or building or use of land.

Applicant Signature _____
Phone Number