



City of Valparaiso

**RESIDENTIAL PERMIT APPLICATION
ALTERATION/ACCESSORY**

Permit #: _____
 Date Paid: _____
 Date Called: _____
 Date Submitted: _____
 Closed: _____

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature: **X** _____ Date: _____
 Print Name: _____ Phone #: _____

IDENTIFICATION TYPE OR PRINT IN INK

Project Address: _____ on the N / E / S / W side of street (circle one) Lot Size: _____ SF Lot #: _____ Subdivision: _____ <div style="text-align: right;">Zoning District: _____</div>	Owner's Name: _____ Owner's Address: _____ _____ Phone: _____ Email: _____
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CONTRACTOR INFORMATION

General Contractor: (list "SELF" if homeowner): _____
 Address: _____
 Contact Name: _____ Office #: _____ Cell #: _____
 Sub Contractor: _____ Address: _____
 Contact Name: _____ Office #: _____ Cell #: _____

DETAILED INFORMATION

<p>PROPOSED PROJECT:</p> <p> <input type="checkbox"/> Deck* <input type="checkbox"/> Porch* <input type="checkbox"/> Shed* <input type="checkbox"/> Fence* <input type="checkbox"/> Roof <input type="checkbox"/> Addition* <input type="checkbox"/> Demolition </p> <p> <input type="checkbox"/> Remodel <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Garage* <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Pool* <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground </p> <p><input type="checkbox"/> OTHER, specify _____</p> <p>*Site Plan Required, see back for details</p>	<p>ADDITIONAL INFORMATION</p> <p>Is this a Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Number of Units _____</p>	<p>TOTAL COST OF PROJECT</p> <p>\$ _____</p>
<p>DESCRIPTION OF PROJECT: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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SITE PLAN REQUIREMENTS

For all accessory structures including, but not limited to, additions, garages, sheds, decks, porches, pools.

Site Plan must include the following:

- Lot size (dimensions and square footage)
• Property lines
• Footprint of house (location and actual dimensions of first level including attached garage)
• Existing accessory structures (locations and dimensions)
• Driveway and private sidewalks (locations and dimensions)
• Easements must be shown on plan
• Proposed structures (location and dimensions including distances to adjacent property lines and structures) NOTE— YOU MAY NOT INSTALL ANY STRUCTURE ON AN EASEMENT.
• It is your responsibility to locate all underground utilities. Call 811 before you dig.



Fences: Site plan must include location of house and proposed fence location. If you do not have a plan showing property lines, a map of your property can be found at http://www.ci.valparaiso.in.us/98/Mapping. Fence height and material must be listed under description of project on first page.

Pools must be a minimum of 6' from any property line and 6' from any other structure. Pools are not permitted in front yards. A minimum 4' barrier surrounding pool is required (fenced yard or pool fence with locking gate if pool is less than 4' above grade). For in-ground pools, an automatic locking pool cover may be installed in lieu of barrier. In-ground pools require a site permit.

Detached accessory structures are not permitted in front yards and must be located a minimum of 3' from rear and side property lines and 6' from any other structure. Garages accessed by alley must be located a minimum of 20' from alley property line.

Additions must meet building setback requirements as set by zoning district.

FOR OFFICE USE ONLY

ASSIGNED FEES - TO BE COMPLETED BY BUILDING COMMISSIONER

BUILDING DEPARTMENT

PERMIT GRANTED PERMIT DENIED

Permit Fee: \$ _____
Inspection/C.O. Fee: \$ _____
Site/ZC Fees: \$ _____
Total Permit Fee: \$ _____
Reviewer: _____
Title: _____
Date: _____

PLANNING DEPARTMENT

Reviewer: _____ Title: _____ Date: _____