



THOMAS M McDERMOTT, JR.  
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**BUILDING INSPECTION DEPARTMENT**

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6543

**Electrical Permit Application**

Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

Building Type: *(one must be checked)*

Single Family     Two Family     Multi Family     Commercial     Industrial

Early service required:     Yes     No    (If yes, there is a \$50 inspection fee)

Property Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Work to be done: \_\_\_\_\_

Cost of job: \$ \_\_\_\_\_

**NOTE: Contractor must provide a copy of signed contract, proposal or invoice reflecting the job cost.**

**CONTRACTOR IS RESPONSIBLE FOR INSPECTIONS**

**I have read the "Electrical Notice Contractors Board" on the date this permit was applied for.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_