

Town of Trail Creek

211 Rainbow Trail
Trail Creek, IN 46360
(219) 872-2422 – fax (219) 878-1235

CLASS 1 and 2 STRUCTURES APPLICATION FOR ROOF-SIDING-WINDOWS-DOORS PERMIT

Permit No _____

Date _____

TYPE OF STRUCTURE:

Commercial Residential Garage/Other

DESCRIPTION OF WORK:

Re-roof Re-side Replace windows Replace doors

OWNER'S INFORMATION:

Owner's Name _____

Owner's Address _____

Owner's Telephone # _____

CONTRACTOR INFORMATION:

Contractor's Name _____ Contractor's Registration No _____

Contractor's Company Name _____

Contractor's Address _____

Contractor's Telephone # _____ Total Cost of Improvement _____

Fee: \$25.00 Minimum fee, up to \$1,000.00
\$ 8.00 Each additional \$1,000.00 or fraction

Permit fee \$ _____

Cash _____ Check Number _____

Owner/Contractor Signature