Application for Building Permit Town of Roseland, Indiana

Date:			Residential		
Owner's Name	/Phone Numbe	r:			
Mailing Addres	s:				
City:		_ State:	Zip:		
Property Locat	ion:				
Contractor's Name: Phone Number:					
Contractor's Er	nail Address				
Address:					
City:		_ State:	State: Zip:		
Applicant must	t submit a copy	of the site plan of t	he proposed project.		
Outside Dimensions: Estimated Cost:				:	
Brief Description	on of Alteration	:			
Setback:	Front	FT	Rear	FT	
	N S E	W	N S E V	W	
Side 1 N S E		Side2 N S E			
Eventual Use o	f Facility:				
Describe Variar	nce Required:				
		_	<u>-</u>		
			gnature of Owner	Date	
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Roseland Zoning Commissioner *Phone: 574-272-6485 Fax:574-968-1424*