

**Application for Building Permit  
Town of Roseland, Indiana**

Date: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant must submit a copy of the site plan of the proposed project.**

Outside Dimensions: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Brief Description of Alteration: \_\_\_\_\_  
\_\_\_\_\_

Setback:      Front \_\_\_\_\_ FT                      Rear \_\_\_\_\_ FT  
                    N S E W    N S E W

Side 1 \_\_\_\_\_ FT                      Side 2 \_\_\_\_\_ FT  
                    N S E W    N S E W

Eventual Use of Facility: \_\_\_\_\_  
\_\_\_\_\_

Describe Variance Required: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner    Date

Approval is Granted / Denied This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
Under the Following Conditions: \_\_\_\_\_

\_\_\_\_\_  
Roseland Zoning Commissioner  
Phone: 574-272-6485 Fax: 574-968-1424