# STRUCTURAL PERMIT APPLICATION

## Customer Contact Information- (Where work will be performed)

Project Address: _____

Property Owner's Name: _____

Address: _____ City:_____Zip: _____

Phone: _____ Email: _____

Brief Description of Project:_____

Check One: _____ Single Family
_____ Multi-Family
_____ Commercial

**Please note: No accessory structure can exceed the height of the primary structure.**

☐ Building

___ New ___ Addition
___ Remodel
___ Signage
___ Re-Roof
___ Gutters
___ Trim
___ (sf)Siding
___ (# of)Windows
___ (# of)Doors
___Carport(s)
___ Deck Above 18"
___ Deck Below 18"
___ Storage Shed
___ Pool
___ Other

☐ Demo

___Interior Demo
___Structure Demo
___House
___Garage
___Commercial

## Contractor Contact Information

**Your Name**: _____ Job Start: _____

Contractor's Company Name: _____

Contractor's Address: _____

City: _____ State:_____ Zip: _____

Company Phone: _____ Email: _____

Marion County License #: _____

Are there any Apartment Units? _____

Square Footage of the Job: _____SQ. FT.

Number of stories: _____

Job Cost: $_____

**Any contractor who does not request an inspection before work is started, may be subject to a $50.00 inspection fee for a return site visit. By signing below, you are acknowledging you have received a copy of the required inspections. The issuance of any permits or approvals from the Town of Speedway does not exempt the applicant or owner from any other regulations or agency requirements at the above address.**

**Applicant Signature** _____ **Date** _____

Amended: 11/2026