

BUILDING - RESIDENTIAL

Permit Application

Location of Work

Address _____
Number N-S-E-W Street Name Apt. #

Owner of Property

Name _____
Address _____
Number N-S-E-W Street Name Apt #

City _____ State _____ Zip Code _____
Phone (____) _____

Contractor Name

Name _____
Address _____
Number N-S-E-W Street Name Apt. #
Phone (____) _____

Contractor License Numbers

Indianapolis _____ Beech Grove _____

TYPE OF STRUCTURE (one (1) family or (2) two family)

_____ New House
_____ Detached Garage
_____ Remodeling or Alteration (includes fire and storm damaged)
_____ Roof, siding and/or window replacement
_____ Plan Review Fee (if required)
_____ Inspection Fee
_____ Other (specify) _____

FEES

General Rate 0.06/Sq. ft
Minimum \$175.00
\$90.00
\$60.00
\$60.00
\$50.00
\$50.00 each

TYPE OF WALL BEARING

_____ Wood Frame
_____ Post and Beam
_____ Masonry
_____ Other (specify) _____

Gross Floor area _____

Value of Construction \$ _____

NOTE: IPL required for a new house, room or garage addition, detached garage and yard barn over 120 sq. ft.

CITY OF BEECH GROVE
806 MAIN STREET
317 788-4977
317 788-4976

Permit # _____ Date _____

Processed by _____ Fee _____