

COMMERCIAL HVAC

Non-Residential Permit Application

Location of Work

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

Owner of Building

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

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

Contractor Responsible for Permit

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

License Numbers

Indianapolis _____
Beech Grove

Nature of Work

Permit Fee

_____ Replace Existing Heating System	\$75.00 each
_____ Replace Existing Cooling System	\$75.00 each
_____ Replace Existing Heating and Cooling System	\$150.00 each
_____ Install New Heating System	\$100.00 each
_____ Install New Cooling System	\$100.00 each
_____ Plan Review Fee	\$50.00
_____ Inspection Fee	\$50.00 each

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

Permit # _____
Date

Processed by _____
Fee