

DEMOLITION COMMERCIAL

Permit Application (Other than 1-2 family structures)

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 (____) _____

Agent Obtaining Permit

 Name
 _____ (____) _____
 Date Phone

Nature of Work

Permit Fee

_____ Up to 2,000 sq. ft.	\$100.00
_____ Up to 4,000 sq. ft.	\$150.00
_____ Up to 10,000 sq. ft.	\$250.00
_____ Up to 20,000 sq. ft.	\$400.00
_____ over 20,000 sq. ft.	\$600.00
_____ Sewer Disconnect Fee	\$50.00 per cap
_____ Inspection Fee	\$75.00 per cap

**Contractor must have a notarized letter from homeowner.



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

 Permit # Date

 Processed by Fee