

RESIDENTIAL HVAC

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 (____) _____

Agent Obtaining Permit

 Name
 _____ (____) _____
 Date Phone

Nature of Work

- _____ Replace Existing Furnace
- _____ Replace Existing Air Conditioner
- _____ Replace Existing Furnace and A/C
- _____ Install New Furnace
- _____ Install New Air Conditioner
- _____ Inspection Fees
- _____ Plan Review Fee

Permit Fee

- \$75.00 each
- \$75.00 each
- \$150.00 each
- \$100.00 each
- \$100.00 each
- \$50.00 each
- \$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