

COMMERCIAL ROOFING

DATE: _____

PERMIT APPLICATION – New Structure, Remodel, Alteration

Location of Work

Address _____
City _____ State _____ Zip Code _____

Owner of Property

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

Contractor Responsible for Permit

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

Contractor License Numbers

_____/_____
Indianapolis _____ Beech Grove _____

Permit Fee

_____ Up to 2,500 SFT
_____ 2,501 to 5,000 SFT
_____ 5,001 to 7,500 SFT
_____ 7,501 to 10,000 SFT
_____ Over 10,000 SFT
_____ Inspection Fee
_____ Plan Review fee, if required

Fee

\$250.00
\$400.00
\$550.00
700.00
\$1,000.00
\$50.00 each
\$50.00

Note: State Plan Release and ILP may be required for building additions and alterations.

CITY OF BEECH GROVE
806 MAIN STREET
317-803-9108
317-788-4976 FAX

Permit# **Date**

Processed by **Fee**