

DEMOLITION - RESIDENTIAL

PERMIT APPLICATION

Date: _____

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 (____) _____

Agent Obtaining Permit

Name

Date Phone

Per Address

Nature of Work

_____ Residential Fee
_____ Sewer Disconnect Fee
(Lateral line must be capped)
_____ Additional Inspection Fee
_____ Accessory Structure over 500 sq. ft.

Permit Fee

\$125.00 (Includes 1 inspection)
\$100.00 (Includes 1 inspection)
\$50.00
\$85.00 (includes 1 inspection)

Note: Contractor must have a notarized letter from homeowner.

CITY OF BEECH GROVE

806 MAIN STREET

317-803-9108

317-788-4976 FAX

Permit#

Date

Processed by

Fee