

DEMOLITION 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 (____) _____

Agent Obtaining Permit

 Name
 _____ (____) _____
 Date Phone

Nature of Work

_____ Residential Fee	\$50.00
_____ Sewer Disconnect Fee	\$50.00
_____ Inspection Fee	\$50.00
_____ Accessory Structure over 120 sq. ft.	\$35.00

Permit Fee

**Contractor must have a notarized letter from homeowner.

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

 Permit # Date

 Processed by Fee