

HVAC – COMMERCIAL

APPLICATION

Date: _____

Location of Work

Address _____
Number N-S-E-W Street Name Apt.#

Contractor Responsible for Permit

Name

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

Per Address

Nature of Work

____ Replace Existing Heating System

____ Replace Existing Cooling System

____ Replace Existing Heating and Cooling System

____ Install New Heating System

____ Install New Cooling System

____ Additional Inspection Fee

____ Plan Review Fee

Owner of Building

Name _____
Address _____
Number N-S-E-W Street Name Apt#

City State Zip Code
Phone (____) _____

Contractor License Numbers

_____/_____

Indianapolis

Beech Grove

Permit Fee

\$75.00 each

\$75.00 each

\$150.00

\$125.00 each (Per unit, includes 1 inspection)

\$125.00 each (Per unit, includes 1 inspection)

\$50.00 each

\$50.00 each (if needed)

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

Permit#

Processed by

Date

Fee