

PLUMBING - COMMERCIAL

PERMIT APPLICATION

Location of Work

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

Contractor Name

Name
Address _____
Number N-S-E-W Street Name Apt.#
Phone (____) _____

Install Plumbing in new Structure (Per address)

____ Minimum Fee
____ 1 or 2 Family Structure
____ General Rate, 20% of fee for building permit
____ Plan Review Fee
____ Inspection Fee
____ Notice Ticket Fee
____ Emergency Locate

Alteration or addition or replacement of plumbing more than 25% of system.

____ Minimum Fee
____ 1 or 2 Family Structure
____ Other than 1 or 2 family structure
____ General Rate, \$6/\$1,000 value
____ Plan Review Fee
____ Inspection Fee
____ **Initial Connection Fee**
____ Locate Ticket Fee
____ Emergency Locate

Owner of Property

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

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

Contractor License Numbers

Indianapolis _____ Beech Grove _____

Fee Schedule:

\$300.00 (Includes 2 Inspections)
\$75.00
\$50.00
\$50.00
\$10.00
\$25.00

\$250.00 (Includes 2 Inspections)
\$50.00
\$50.00
\$50.00
\$50.00
\$75.00
\$10.00
\$25.00

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

Permit# **Date**

Processed by **Fee**