



Clarksville Building, Planning & Zoning

2000 Broadway, Ste. 234
Clarksville, IN 47129
P: 812-283-1510
F: 812-280-5549

Trade Contractor Applications ONLY

This application to be used to apply for the following permits only (check all that apply):

- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Residential | <input type="checkbox"/> Homeowner |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Commercial | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Plumbing | | |

Complete all applicable information on the application. Incomplete applications will not be processed.

Date: _____ New Construction Existing Structure

Job Site Address: _____	Value of Construction (labor, materials): _____
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Owner/ Tenant Name: _____	Address: _____	City, State: _____	Zip: _____	Phone: _____
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Applicant Name: _____	Address: _____	City, State: _____	Zip: _____	Phone: _____
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Contractor: _____	Lic #: _____	Address: _____	City, State: _____	Zip: _____	Phone: _____
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Fax/ Email for permit return: _____

Description of Work (Please include # of installations/fixtures):

Please Note:
It is the responsibility of the permit holder to schedule all due inspections. Failed inspections are subject to a reinspection fee of \$30.00. Please call (812) 283-1510 to schedule inspections. Any work done prior to permit issuance is subject to violation and applicable fines.

I hereby acknowledge that I have read this application and state the above information is complete and correct. I agree to hereby comply with all requirements contained herein and city ordinances and state laws regulation building construction. **I know a permit is not valid until it has been paid and issued.**

Applicant: _____ **Print Name:** _____ **Date:** _____