

**Town of Clarksville Building Department
2000 Broadway, Suite 234
Clarksville, Indiana 47129
(812) 283-1510 Phone & (812) 280-5549 Fax**

COMMERCIAL BUILDING PERMIT APPLICATION FORM

In order to process the application form, this section must be completed by the Planning Director.

Does this project require TRC Review? / / Yes / / No

Sharon Wilson

Signature

Application Date: _____ **Project Start Date:** _____

Contractor: _____ **Phone #:** _____

Address/City/State/Zip: _____

Property Owner Name: _____ **Phone #** _____

Property Owner Address: _____

City/State/Zip: _____

Job Site Address: _____

New Construction: _____ **Sq. Ft:** _____ **# Stories:** _____

Addition to existing Bldg: _____ **Sq. Ft.** _____

Construction Design Release # : _____

Interior Finish: _____ **Sq. Ft.** _____ **Renovation:** _____

Co-Locate Antenna/Cell Tower _____ **Construct new Cell Tower** _____

Kiosk New Location _____ **Kiosk Existing Location** _____ **Kiosk #** _____

Total Cost of Construction (Project) \$ _____

Clarksville Licensed Subs: (Must hold license issued by Town of Clarksville)

Electric: _____

Heating & Air: _____

Plumbing: _____

Contractor Signature: _____