



## 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): _____ |
|-------------------------|---|

|                           |                |                    |            |              |
|---------------------------|----------------|--------------------|------------|--------------|
| Owner/ Tenant Name: _____ | Address: _____ | City, State: _____ | Zip: _____ | Phone: _____ |
|---------------------------|----------------|--------------------|------------|--------------|

|                       |                |                    |            |              |
|-----------------------|----------------|--------------------|------------|--------------|
| Applicant Name: _____ | Address: _____ | City, State: _____ | Zip: _____ | Phone: _____ |
|-----------------------|----------------|--------------------|------------|--------------|

|                   |              |                |                    |            |              |
|-------------------|--------------|----------------|--------------------|------------|--------------|
| Contractor: _____ | Lic #: _____ | Address: _____ | City, State: _____ | Zip: _____ | Phone: _____ |
|-------------------|--------------|----------------|--------------------|------------|--------------|

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:** \_\_\_\_\_