

WARRICK COUNTY BUILDING COMMISSION
REMODELING PERMIT APPLICATION

REINSPECTION

ADDITION EXTERIOR INTERIOR

COMMERCIAL RESIDENTIAL

Permit Number _____
Improvement Location Permit _____
Date issued _____
Permit Fee _____
Applicant's Name _____
Address _____
Phone Number _____
Building Contractor _____
Plumbing Contractor _____
Electrical Contractor _____
Total Floor Area _____
Description of Improvement _____
Estimated Cost _____

I hereby certify that the information contained within is correct and true to the best of my knowledge. I agree to abide by all applicable laws of this jurisdiction and to inform the Building Commission if any changes are made affecting this application.

SIGNATURE OF APPLICANT: _____

FOR BUILDING INSPECTIONS: CALL Dennis Lockhart 812-431-4391