

WARRICK COUNTY BUILDING COMMISSION  
**UTILITIES PERMIT APPLICATION**

Date \_\_\_\_\_

Building Permit \_\_\_\_\_

Electrical	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Heating/AC/Refrigeration	<input type="checkbox"/>	Residential	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>		

Owner of Building \_\_\_\_\_

Location of Building \_\_\_\_\_

Phone Number \_\_\_\_\_

Contractor \_\_\_\_\_

Description of Service \_\_\_\_\_

Fee Charged \_\_\_\_\_

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**