



CLARK COUNTY PLANNING & ZONING
501 E. COURT AVE., ROOM 416
JEFFERSONVILLE, IN 47130
P: 812-285-6287
F: 812-280-5616
E: cdenison@co.clark.in.us

TRADE CONTRACTOR APPLICATION

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/Parcel #:	Value of Construction (labor, materials):
_____	_____

Owner/ Tenant Name:	Address:	City, State:	Zip:	Phone:	
_____	_____	_____	_____	_____	
Contractor:	Address:	City, State:	Zip:	Phone:	License #:
_____	_____	_____	_____	_____	_____
Email for permit return:					

PERMITS EXPIRE IN ONE (1) YEAR FROM ISSUANCE DATE. WORK MUST COMMENCE WITHIN 180 DAYS. SUBSTANTIAL COMPLETION MUST EXIST BY THE PERMIT EXPIRATION DATE TO BE CONSIDERED FOR ANY EXTENSIONS.					

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

Please Note:
It is the responsibility of the permit holder to schedule all due inspections. Failed inspections are subject to a reinspection fee of \$50.00 or more. **Please call (812) 285-6287 to schedule inspections 24 hours ahead and with the permit number.** 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: _____