

DATE: \_\_\_\_\_

**TO:**

Cheryl Spence, Admin. Assistant

Permits & Inspections

50 North 5<sup>th</sup> St.

Richmond, IN 47374

Phone: 765-983-7341

Fax: 765-962-7024

Email: [cspence@richmondindiana.gov](mailto:cspence@richmondindiana.gov)

**FROM CONTRACTOR:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please issue a (\_\_\_\_ Residential or \_\_\_\_ Commercial/Industrial) permit for the following:

OWNER NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF APPLICABLE, INCLUDE: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

TOTAL JOB COST: \$ \_\_\_\_\_

NAME & CELL PHONE # OF PERSON PICKING UP PERMIT IF OTHER THAN CONTRACTOR:

\_\_\_\_\_

DATE WHEN PERMIT WILL BE PICKED UP: \_\_\_\_\_

**PLEASE NOTE:**

**NO PERMIT IS VALID UNTIL IT IS BOTH PAID & SIGNED FOR**

**ANY PROJECT BEGUN WITHOUT A VALID PERMIT**

**WILL BE STOPPED & A FINE ASSESSED**