



# BROWN COUNTY GOVERNMENT BUILDING DEPARTMENT

201 Locust Lane  
P.O. Box 401  
Nashville, Indiana 47448

Phone: (812) 988-5490  
Fax: (812) 988-5488  
www.browncounty-in.gov

## OFFICE USE ONLY

Date: \_\_\_\_\_ License #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Fee \$ 25 ( ) Check #: \_\_\_\_\_ ( ) Cash

*(Please Print Clearly)*

Name of Applicant: \_\_\_\_\_

Name & Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

### Type of Contractor

\_\_\_\_\_ General \_\_\_\_\_ Mechanical

\_\_\_\_\_ Plumbing \_\_\_\_\_ State License Number

\_\_\_\_\_ Electrical \_\_\_\_\_ Date Passed Electrical Exam

### Insurance

#### PROVIDE YOUR CERTIFICATE OF LIABILITY TO OUR OFFICE

Proof of Liability Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Workmen's Compensation Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have received a copy of Ordinance#12-17-90-A and agree to abide by the provisions of this ordinance.

**Signature of applicant:** \_\_\_\_\_

Issued On: \_\_\_\_\_ By: \_\_\_\_\_

Signature of Building Commissioner of Brown County or Authorized Representative

**\*\* Due to budget cuts: Please enclose a self addressed stamped envelope for your receipt and contractors ID card. Thank You for your assistance.**