

Electrical Permit Application
Town of Gentryville
240 W Boone Street -----P.O. Box 261-----Gentryville, IN 47537
Phone: 937-2407 Fax: 937-2303

Location Improvement Permit

Permit Number: _____	Date Issued: _____
Permit Fee \$40.00: _____	
Final Inspection Date: _____	Date Paid: _____
Building Location: _____ _____	Type of Improvement: _____ Electrical Service Panel Size: _____
Proposed use of building: _____ _____	Zoning Classification: _____ Structure Type: Masonry _____ Wood Frame _____ Log _____ Steel _____ Reinforced Concrete _____ Mobile Home _____ Modular Home _____
Estimated cost of Project: _____	Foundation Type: Crawl Space _____ Basement _____ Concrete Slab _____ Wood _____ Other _____
Electrical contractor: _____	Phone Number: _____
Applicant (Name & Address, Please print) _____	Phone Number _____
*Attach a site location map and mark the location of the structure on the map. On the map also mark all setbacks (in feet) from all boundary lines to the structure. Map may be drawn on back of application.	
Town of Gentryville Building Inspector: Phil Brown, 686-3134. Please call to set up an inspection date/time.	
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.	
Applicant's Signature: _____	Date: _____