



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 \$ 35 () Check #: _____ () Cash

(Please Print Clearly)

Name of Applicant: _____

Name & Address of Company: _____

Telephone 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.**