



**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.**