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 County 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.**