



TOWN OF  
**HEBRON**

ESTABLISHED 1890  
BUILDING DEPARTMENT

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

**BRADFORD LADWIG**  
**BUILDING COMMISSIONER**  
Office 219-996-4641  
Fax 219-996-7494

EMAIL:  
[hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org)

## ELECTRICAL PERMIT APPLICATION

APPLICATION DATE \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_

### PROPERTY LOCATION

ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

BRIEF DESCRIPTION OF WORK \_\_\_\_\_

\_\_\_\_\_

### PROPERTY OWNER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

### ELECTRICAL CONTRACTOR

COMPANY NAME \_\_\_\_\_ LICENSE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPANY OWNER'S NAME \_\_\_\_\_

COMPANY OWNER'S HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_



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**CHECK ALL THAT APPLY:**

NEW SERVICE      UPGRADE      REPAIR

ROOM ADDITION      BASEMENT      GARAGE      SIGN      POOL

OTHER \_\_\_\_\_

TYPE OF SERVICE \_\_\_\_\_ # OF WIRES \_\_\_\_\_ AMPS \_\_\_\_\_

TEMPORARY POLE \_\_\_\_\_

**\*\*THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR ELECTRICAL INSPECTIONS\*\***

**APPLICANT CERTIFICATION**

THE INFORMATION WITHIN AND ALL ATTACHED EXHIBITS, ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. THE OWNER, LESSEE, OR CONTRACTOR HEREBY AGREES TO ABIDE BY AND COMPLY WITH THE CONDITIONS OF ALL BUILDING AND HEALTH LAWS OF THE STATE OF INDIANA, AND THE UNIFIED DEVELOPMENT ORDINANCE OF THE TOWN OF HEBRON, IN. FURTHERMORE, THE APPLICANT UNDERSTANDS THAT ANY VARIATION OR VIOLATIONS FROM THE PROVISIONS OF THE ABOVE-MENTIONED LAWS AND ORDINANCES OR CONDITIONS SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT. THE APPLICANT HAS **READ AND UNDERSTANDS** THE PERMIT GUIDE, ALL MUNICIPAL AND STATE CODES WILL BE FOLLOWED OR WILL BE FINED ACCORDINGLY.

OWNER \_\_\_\_\_  
Signature (sign in ink)      Print Name      Date

CONTRACTOR \_\_\_\_\_  
Signature (sign in ink)      Print Name      Date