

Generator Permit Application
Building Department
172 N 2nd St. Decatur, IN 46733
(260) 724-3814

Email: Permits@cityofdecatur.in.gov

Permit: _____

Date: _____

PROJECT ADDRESS: _____

SUBDIVISION: _____ LOT: _____

APPLICANT NAME: _____ PHONE: _____

ADDRESS _____

EMAIL: _____ CELL: _____

OWNER NAME (IF DIFFERENT FROM APPLICANT): _____

ADDRESS: _____

ESTIMATED COST (LIST DOLLAR AMOUNT): _____

DESCRIBE WORK TO BE DONE: _____

TYPE- NATURAL GAS: _____ LP GAS: _____ DIESEL: _____

LOCATION: _____

PERMIT FEES:

\$50.00 RESIDENTIAL: _____

\$100 COMMERCIAL: _____

TOTAL: _____

THE TECHNICIAN AND THE HOMEOWNER MUST BE ONSITE FOR THE FINAL INSPECTION

SIGNATURE: _____ DATE: _____

I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF DECATUR AND PROVIDE PROOF OF LIABILITY INSURANCE WITH A MINIMUM OF \$500,000 COVERAGE.