



CITY OF PORTAGE

BUILDING DEPARTMENT

CITY HALL

6070 CENTRAL AVENUE

PORTAGE, INDIANA 46368

TELEPHONE 762-4204 / FAX 764-5749

ELECTRIC, PLUMBING & HVAC APPLICATION

(Please Print)

Date _____

Contractor/Owners Name _____ Phone Number _____

Property Address _____

Lot # _____ Sub-division _____

Licensed Contractor _____

Contractors Phone Number _____

_____ Residential _____ Commercial/Industrial

Electrical:

Type of work to be done:

_____ New Service _____ Amps

_____ Single Phase

_____ Three Phase

_____ Change of Service _____ Amps

_____ Extension of Service to _____

_____ Temporary Pole _____ Amps

_____ Miscellaneous (Explain) _____

Plumbing:

Number of fixtures:

_____ Kitchen Sinks _____ Hot Water Heater _____ Washer Box

_____ Water Closets _____ Shower _____ Whirlpool

_____ Bath Tubs _____ Floor Drain _____ Garbage Disposal

_____ Lavatories _____ Sump Pump

_____ Laundry Tubs _____ Dishwasher

HVAC:

Make of air conditioner _____ Make of furnace _____

Type of air conditioner _____ Type of furnace _____

BTU Rating _____ BTU Rating _____

Type of power _____ Type of fuel _____

Flue size _____