



PLUMBING PERMIT APPLICATION 2026

Shelbyville Building Department
 44 West Washington Street
 Shelbyville, IN 46176
 P: 317.392.5102

Please ensure the entire form is completed, as missing information may cause delays in processing your permit.

Date _____ Building Permit Number _____

Plumbing Contractor/ Company Name _____

Property Owner/Tenant _____

Address _____

Lot Number _____ Subdivision _____

Description of work:

Type of Work/ Base Permit Fee (Please Select One)					
Residential (\$50:00*):		Commercial (\$200.00*)		Industrial (\$200.00*):	
<i>*Permit fees are based on the first four (4) fixtures, with an additional charge of \$2 for each fixture beyond the initial four.</i>					
Fixture/Drain Types and Quantities (Please indicate the number of each fixture/drain being installed)					
Fixture/Drain Type	#	Fixture/Drain Type	#	Fixture/Drain Type	#
Toilet		Kitchen Sink		Urinal	
Lavatory		Dishwasher		Drinking Fountain	
Bathtub		Garbage Disposal		Floor Drain	
Shower		Clothes Washer		Open Site Drain	
Hot Water Heater		Laundry Sink		Other Drain	
Total Number of Fixtures:					
Total Fee:					

 Plumbing Contractor's Original Signature

Note: Each form must be complete with all pertinent information included for the issuance of a permit. Each form is valid for one permit address only and each permit requires a separate form. All forms must contain an original signature of the contractor. Your signature on this application indicates your agreement to call for the required inspections and to have anyone working on the jobsite for you registered with us.