



**INDEPENDENT INSPECTOR**

**\_\_\_\_\_ I am a registered architect. License #/State: \_\_\_\_\_**  
Attach copy.

**\_\_\_\_\_ I am a professional engineer. License #/State: \_\_\_\_\_**  
Attach copy.

**\_\_\_\_\_ I hold a valid unexpired nationally recognized code organization certification as a commercial building inspector.**

**Nationally Recognized Organization Name: \_\_\_\_\_**

**Certification/License #: \_\_\_\_\_**  
Attach copy.

**Inspectors Information**

**Inspector Name: \_\_\_\_\_**

**Mailing Address (PO Box Is Acceptable): \_\_\_\_\_**

\_\_\_\_\_  
**City State Zip Code**

**Main Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

ESTABLISHED IN 1783



IT BEGINS HERE

**Company Information**

**Please provide the following information of the primary contact:**

**Name Of Company:** \_\_\_\_\_

**Mailing Address (PO Box Is Acceptable):** \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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**Main Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A LIST OF ALL RESIDENTIAL UNITS IN THE TOWN OF CLARKSVILLE, INDIANA INSPECTED BY YOU.**