

STARKE COUNTY PLANNING COMMISSION
53 EAST MOUND STREET
KNOX, IN. 46534
574-772-9133

STARKE COUNTY CONTRACTOR'S REGISTRATION

PLEASE PRINT

Is this business a _____ Partnership _____ Joint Venture _____ Corporation _____ Other?
Explain _____

NAME OF COMPANY _____
BUSINESS ADDRESS _____
CITY/STATE/ZIP _____
BUSINESS PHONE # _____ FAX# _____
FEDERAL I.D. # _____ CELL # _____

NAME OF PRINCIPAL OFFICER _____
RESIDENTIAL ADDRESS _____
CITY/STATE/ZIP _____
E-MAIL ADDRESS _____

NAME OF ALL OFFICERS, DIRECTORS, OR PARTNERS:

NAME _____
RESIDENTIAL ADDRESS _____
POSITION _____

NAME _____
RESIDENTIAL ADDRESS _____
POSITION _____

NAME _____
RESIDENTIAL ADDRESS _____
POSITION _____

List all businesses owned, operated, and managed by the applicant in the past five years. In the case of a corporation, partnership, or joint venture, the applicant is to be considered any director, officer or partner in the company.

BUSINESS NAME	ADDRESS

TYPE OF CONTRACTOR'S REGISTRATION APPLIED FOR: _____

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List three references from reputable businesses and professional people not related by blood or marriage to the applicant, from the county of the applicant's reputation, as to honesty, integrity, and good character.

NAME _____
ADDRESS _____
PHONE# _____

NAME _____
ADDRESS _____
PHONE# _____

NAME _____
ADDRESS _____
PHONE# _____

I hereby authorize investigation of all statements contained in this application for registration as may be necessary in arriving at a decision concerning registration/I understand that this application is not, and is not intended to be, a guarantee of registration.

Should my registration be granted, I understand that false or misleading information given in my application may result in revocation of the registration permit. I also understand that I am required to abide by the Building Code of the County of Starke, Indiana.

Please be advised that this application will not be considered until the Certificate of Insurance is received.

_____(Initial) I certify that I have read and understand the Starke County Ordinance on Registration of Contractors, and the answers given herein are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____
INSURANCE CARRIER _____

FOR OFFICE USE ONLY REGISTRATION NUMBER

STARKE COUNTY ORDINANCE 2006-22

AN ORDINANCE REGULATING THE REGISTRATION OF CONTRACTORS

CONTRACTOR REGISTRATION ORDINANCE OF STARKE COUNTY

BE IT ORDAINED by the Starke County Board of Commissioners of Starke County, Indiana, as follows:

SECTION 1. TITLE

This Ordinance and all material included herein by reference shall be known as the "Contractor Registration Ordinance of Starke County Indiana"

SECTION 2. PURPOSE

The purpose of this ordinance is to protect the life, public safety, health and general welfare of the citizens of Starke County, Indiana and shall be construed in such a manner as to effectuate this purpose.

SECTION 3. CONTRACTOR REGISTRATION

Any land owner/home owner who builds or remodels on property owned by the land owner/home owner does not need to be registered as a contractor. However, any building or remodeling done by the land owner/home owner is subject to all other sections of this Building Ordinance. All subcontractors hired by the land owner/home owner shall be registered under this section.

Any person who engages in the business of general contracting, roofing, insulation, electrical, plumbing, sewage, masonry, well installation, heating, ventilation, air conditioning, excavating, septic installation, or other ancillary work related to construction in Starke County, shall first procure a contractor's registration permit. There shall be only one registered permit per contractor. Such contractor will list the specified fields of work in which such contractor will perform work. The registration permit shall be on a form prescribed by the Building Commissioner. In case of applications by corporations, partnerships, or other forms of business associations, the application for a contractor's registration permit may be made by an officer or other designated entity of such business association, corporation, or partnership.

SECTION 4. INSURANCE and BOND

\$50. Registration Fee

Before being granted a contractor's registration, each applicant shall show the following proof of insurance and file the same with the building commissioner.

- a) Public liability and property damage insurance in an amount not less than one million dollars (\$1,000,000) in the case of damage or injury to one (1) person and not less than one

million dollars (\$1,000,000,000) in case of damage or injury to more than one (1) person.

- b) Workman compensation insurance coverage as required by state law.
- c) Proof of a five thousand dollar (\$5,000) bond payable to Starke County, in the event that a construction project is unable to be completed or if any violation of this Article occurs for which corrective action must be taken by Starke County.

All Towns, Cities, Municipalities there in

All insurance and bonds shall be issued by an insurance company authorized to do business in the state of Indiana. Failure to provide such certificate of insurance and bonding or to allow the same to lapse shall be grounds for denying the application for contractor registration.

SECTION 5 CONTRACTOR'S REGISTRATION, ANNUAL RENEWAL AND TRANSFER

After proper application, the Building Commissioner will issue a contractor's registration. The applicant will pay a designated fee as determined by Starke County Commission for the issuance of the first registration which shall be valid for twelve (12) months.

Once a contractor has had a registration issued, renewal of such registration will be on or before February 15th with the payment of the designated fee and completion of renewed application. Failure to renew a registration within one month after notice of expiration will require the contractor to apply for a new contractor registration.

The contract registration issued by the Building Commissioner shall not be transferable to any other firm, name, or business other than the name to which it was issued.

STARKE COUNTY CONTRACTOR REGISTRATION

Contractor Registration

- A. Any person who engages in the business of general, roof, installation, electrical, plumbing, sewage, masonry, well installation, heating, ventilation, air conditioning, excavating and septic installation, or other ancillary work related to construction in Starke County, shall first procure a contractors registration permit. There shall be only one registration permit per contractor. Such contractor will list the specified fields of work in which such contractor will perform such construction work. The registration permit shall be on a form prescribed by the Building Commissioner. In case of applications by corporations, partnerships, or other forms of business associations, the application for a contractor's registration permit may be made by an officer or other designated employee of such business association, corporation, or partnership.
- B. The Building Commissioner shall have the power and duty to receive all applications for registration for all crafts and trades. He shall review the application for registration.
- C. The Building Commissioner shall have the right to revoke or suspend any registration issued, upon his investigation, upon satisfactory proof that the holder of the registration permit has willfully, intentionally, or repeatedly violated any provisions of the Code or laws of the state pertaining to his business, for incompetence or misconduct in the practice of his business, for deceit or fraud in obtaining the registration, for irresponsible financial practices, or for any other reason or ground specified in the Article.
- D. A general contractor must insure all subcontractors are registered pursuant to this Article.
- E. The Building Commissioner shall not issue a building permit if such contractors, general contractor or subcontractor, are not registered as provided herein.
- F. Application
 - 1. The Building Commissioner shall require all applicants to furnish the following information:
 - a. A statement of applicant's proposed contracting business.
 - b. The type of contractor's registration applied for.
 - c. Name, residence and business address of the applicant.
 - d. If the applicant be a partnership, joint venture, corporation, or other type of business association or firm, the name and business address of such organization, the name and residence of all officers, directors, and partners as the case may be, and their interest in such organization.
 - e. A list of all business owned, operated, and managed by the applicant, or in which the applicant has had an interest of any kind during last five (5) years, and the addresses of these businesses.
 - f. Three (3) references from reputable business and professional people, not related by blood or marriage to the applicant, from the County of the applicant, attesting to the applicant's reputation as to honesty, integrity, and good character.

Violations, Fines, and Penalties

The Starke County Planning Commission shall adopt a schedule of fines and penalties for violations of this ordinance. Such fines and penalties shall serve as a standardized method for assessments based on violations as determined by the Planning Administrator or his representative. The assessment of such fines and penalties will be utilized in lieu of court action for any violation of this ordinance. In the event that court action is necessary for enforcement of any provision of this ordinance, the fines and penalties as prescribed herein shall apply. Any payment of fines shall be paid to the Starke County Planning Commission.

A. Schedule of Fines:

Violation	Fine
Failure to obtain a building permit	Triple the cost of a building permit
Inaccurate permit	Double the cost of a new permit
Failure to obtain Certificate of Occupancy	Double the cost of the permit
Failure to obtain registration	\$ 500.00
Expired registration	\$ 50.00 plus registration fee
Failure to obtain inspection	\$ 250.00
Violation of Stop Order	\$1000.00

- B. In addition to the fines assessed in sub-paragraph A and there is a failure to pay or there is a continued violation, the individual will be subject to the provisions of this ordinance which allows the assessment of fines not to exceed \$2,500.00 plus attorney fees and costs of enforcement should such legal action be necessary for enforcement.

Effective Date:

Grandfather provision has the intent that all inspections will take place at the level in which construction is currently in effect based on the inspection procedures adopted by the Planning Commission concerning the stage of construction.

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STARKE COUNTY CONTRACTOR'S BOND

**ALL BONDS MUST BE MADE OUT TO STARKE COUNTY
AND SHOULD READ AS FOLLOWS:**

**PAYABLE TO STARKE
COUNTY, ALL TOWNS,
CITIES AND
MUNICIPALITIES THEREIN.**

NEW CONTRACTOR REGISTRATION FEE IS \$50.00

RENEWAL OF CONTRACTOR REGISTRATION IS \$25.00

LATE CONTRACTOR REGISTRATION FEE IS \$75.00

**ALL RENEWALS MUST BE RECEIVED PRIOR TO
FEBRUARY 15TH OF EACH YEAR TO AVOID A LATE FEE**

**WCE-1****APPLICATION FOR WORKER'S COMPENSATION CLEARANCE CERTIFICATE**

State Form 45899 (R7 / 3-15)

Approved by State Board of Accounts, 2015

WORKER'S COMPENSATION BOARD OF INDIANA

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

NOTE: A contractor who knowingly or intentionally causes or assists employees, including temporary employees, to file a false statement and supporting documentation of independent contractor status commits a Level 6 felony. IC 6-3-7-5(m)

INSTRUCTIONS: 1. Please type or print.

2. Payment must be made using a money order or certified check.

3. Mail this completed application and payment to the Indiana Department of Revenue, PO Box 2305, Indianapolis, IN 46206-2305.

Name of Independent contractor (last, first)		Name of business	Specified trade						
Address (number and street, city, state, and ZIP code)			Telephone number ()						
E-mail address		Social Security Number*	Affidavit of exemption number (STATE USE ONLY)						
Are you an Indiana resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please enter your state of residence							
<p>Under the provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, I, the undersigned, am hereby requesting issuance to me of an Independent Contractor Affidavit of Exemption:</p> <p><input type="checkbox"/> I am an independent contractor as defined by IC 22-3-6-1 (b) (7) and / or IC 22-3-7-9 (b) (5).</p> <p><input type="checkbox"/> I am the sole proprietor as defined by IC 22-3-6-1 (b) (4) and IC 22-3-7-9 (b) (2) and am thereby exempted from worker's compensation coverage.</p> <table border="1"><tr><td>Name of sole proprietorship</td><td>Social Security Number*</td></tr></table> <p><input type="checkbox"/> I am a partner in a partnership as defined by IC 22-3-6-1 (b) (5) and IC 22-3-7-9 (b) (3) and am thereby exempted from worker's compensation coverage.</p> <table border="1"><tr><td>Name of partnership</td><td>Federal Identification Number</td></tr></table> <p><input type="checkbox"/> I am a member or manager of a limited liability company as defined by IC 22-3-6-1(b)(9) and am thereby exempted from worker's compensation coverage.</p> <table border="1"><tr><td>Name of LLC</td><td>Federal Identification Number</td></tr></table>				Name of sole proprietorship	Social Security Number*	Name of partnership	Federal Identification Number	Name of LLC	Federal Identification Number
Name of sole proprietorship	Social Security Number*								
Name of partnership	Federal Identification Number								
Name of LLC	Federal Identification Number								
I <input type="checkbox"/> do <input type="checkbox"/> do not have other employees.		I <input type="checkbox"/> do <input type="checkbox"/> do not have Worker's Compensation insurance through a private insurance carrier.							
Signature of applicant			Date signed (month, day, year)						

This affidavit certifies that the above named person is an independent contractor as defined by the indicated provisions of law, that the above named person has worker's compensation or is a qualified self-insurer as to any and all employees in their hire, and that the above named person desires to be exempt from worker's compensation coverage and foregoes the right of recovery under the Worker's Compensation Act from anyone for whom this person works as an independent contractor. This affidavit is binding and holds harmless any person and their worker's compensation insurance carrier contracting with the above named person (as an independent contractor) and their worker's compensation insurance carrier. This affidavit is not valid without the stamp of the Worker's Compensation Board. This affidavit is valid for one year from the date of issue. **You must re-apply each year to maintain exempt status. This information may be shared with the Internal Revenue Service and/or other states.**

FOR STATE USE ONLY

A \$20.00 non-refundable filing fee is required.

☐ \$5.00 Department of Revenue filing fee paid

☐ \$15.00 Worker's Compensation Board filing fee paid

Date issued (month, day, year)

APPLICATION CHECKLIST

Part of State Form 45899

This Application for Certification of Exemption represents a statement by you that you are an independent contractor or otherwise not required to carry Worker's Compensation insurance on yourself under the Worker's Compensation Act of Indiana. **The Indiana Department of Revenue may share this information with the Internal Revenue Service (IRS) and /or other states.**

The statutes establishing this registration process state that an independent contractor is defined similarly to the IRS tax guidelines for determining independent contractor status. The IRS uses several factors to determine whether an individual is an independent contractor or an employee. Listed below are some of the characteristics of each. *If you fail to meet these qualifications, you will not receive certification.*

An independent contractor generally:

- directs his own work and performs the work in the manner he chooses, without direction from a boss or general contractor;
- sets his own hours;
- may hire assistants;
- provides his own tools and materials;
- is paid by the job rather than by the hour;
- may make a profit or suffer a loss on a job; and
- is free to work for more than one person or firm and to offer his services to the general public.

An employee generally:

- is under the control of his employer;
- has income taxes withheld from his pay;
- must work the hours specified by the employer;
- receives pay on an hourly basis;
- must perform the work in the manner indicated by the employer;
- receives training, tools and equipment provided by the employer;
- is not free to offer his services to any persons or firms or to the general public; and
- can be fired at any time.

Are you new to the state of Indiana or the United States? If so, you will be required to submit verification of your residency.

Some examples include:

- valid Indiana Driver's License;
- permanent Resident Card (green card);
- copy of income tax return from another state;
- copy of rental or property tax agreement;
- voter's registration card;
- Individual Tax Identification Number (ITIN) (resident aliens)

This application for a Certification of Exemption from worker's compensation in Indiana will be processed by verifying your status as an Independent Contractor. The Indiana Department of Revenue will examine your past tax records to determine if you have identified yourself as an independent contractor in past years and are current on your individual tax filings. Failure to comply will result in denial of certification.

IC 22-3-2-14.5 requires that you be certified by the Department of Revenue. The Certification is filed for you with the Indiana Worker's Compensation Board to obtain your Independent Contractor status. You are required to pay a \$20 fee, \$5 (**non-refundable**) to the Indiana Department of Revenue and \$15 to the Indiana Worker's Compensation Board, for making the application. *Please allow two (2) to three (3) weeks for the Department of Revenue and an additional seven (7) days for the Workers Compensation Board to process this request.* If you do not meet the criteria for establishing your status as an Independent contractor, you will be contacted with instructions on providing additional information, or notification of denial.

Your certification is not valid until the Worker's Compensation Board has stamped it. Mail your application to the Indiana Department of Revenue for processing. Upon approval of both the Department of Revenue and the Worker's Compensation Board, you will receive your validated Certificate of Exemption and a copy of Income Tax Information Bulletin #86 in the mail.

Note: Until/unless you receive a Certificate of Exemption from the Indiana Worker's Compensation Board, you are required to be covered by a Worker's Compensation policy under Indiana law. Even if you are exempt, you must cover any employees of your business.