



DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
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STARKE COUNTY CONTRACTOR'S REGISTRATION

Part 1: Registration Requirements & Fees

- **Contractor Registration:** Registration must be completed by all contractors. A general contractor must ensure all subcontractors are registered.
- **Permit Issuance:** The Building Commissioner will not issue a building permit if the general contractor or any subcontractors are not registered.
- **Homeowner Exemption:** Any landowner or homeowner who builds or remodels on their own property does not need to be registered as a contractor. However, all subcontractors hired by the landowner/homeowner must be registered.
- **Permit Limits & Transferability:** There shall be only one registration permit per contractor. The registration issued is not transferable to any other firm, name, or business.
- **New Registration Fee:** The fee for a new contractor registration is \$50.00. This initial registration is valid for twelve (12) months.
- **Renewal Fee:** The renewal fee for a contractor registration is \$25.00. Renewals must be received prior to the 365th day to avoid late renewal fees.
- **Late Fee:** A late contractor registration fee is \$75.00. Failure to renew within one month after the expiration notice requires applying for a completely new registration.
- **Bonding Requirements:** Applicants must provide proof of a \$5,000 bond. Bonds must be issued by a company authorized to do business in the state of Indiana. The bond must be made out to Starke County and read exactly as follows: "PAYABLE TO STARKE COUNTY, ALL TOWNS, CITIES AND MUNICIPALITIES THEREIN."
- **Insurance & Worker's Compensation:** Applicants must provide proof of public liability and property damage insurance not less than \$1,000,000 for damage or injury to one person, and not less than \$1,000,000,000 for damage or injury to more than one person. Applicants must also provide proof of Worker's Compensation insurance OR an approved Indiana Worker's Compensation Clearance Certificate (Waiver / Affidavit of Exemption). Insurance must be issued by a company authorized to do business in Indiana.

Part 2: Applicant & Business Information

Name of Company: _____

Business Address: _____

City / State / Zip: _____

Business Phone #: _____ Fax #: _____

Cell #: _____ Federal I.D. #: _____

Is this business a:

Partnership Joint Venture Corporation Other: _____

Type of Contractor's Registration Applied For:

(Check all specified fields of work that your company will perform. Do not check work for which you subcontract.)

- General Contracting
- Roofing
- Insulation
- Electrical
- Plumbing
- Sewage
- Masonry
- Well Installation
- Heating / Ventilation / Air Conditioning (HVAC)
- Excavating
- Septic Installation
- Other Ancillary Work: _____

Name of Principal Officer: _____

Residential Address: _____

City / State / Zip: _____

E-Mail Address: _____

Name of All Officers, Directors, or Partners:

Name: _____ Position: _____

Residential Address: _____

Name: _____ Position: _____

Residential Address: _____

Part 3: Business History & References

Business History:

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: _____

Business Name: _____

Address: _____

Business Name: _____

Address: _____

Professional References:

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: _____ **Phone #:** _____

Address: _____

Name: _____ **Phone #:** _____

Address: _____

Name: _____ **Phone #:** _____

Address: _____

Part 4: Acknowledgement & Signatures

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: _____ **Date:** _____