

Town of New Carlisle

Building Inspector,
Robert Middlebrook

124 E. Michigan Street
New Carlisle, IN 46552
Phone: 574-654-3733

Application for Contractor Registration

Registration Number _____

Applicant's Name/Title

Date

Company Name

Individual/Firm/Corporation

Company Address

City, State. Zip Code

Company Telephone

Cell or Emergency Telephone

Please list names and addresses of all owners if business is a sole proprietorship or partnership. List names and addresses of all officers and registered servicing agents if business is a corporation.

The following must be submitted prior to approval of Registration Application:

Certificates of Insurance - showing compliance with Indiana worker's compensation and occupational health and safety laws and certificates of insurance illustrating minimum combined single limits of five hundred thousand dollars (\$500,000.00) per occurrence for bodily injury and property damage. The policy shall be maintained as long as the Registered Contractor continues to do business in the Town of New Carlisle. Any violation of this section shall cause the Building Commissioner to issue a 'stop work' order on all projects the Registered Contractor is doing in Town. (Ord. 1164)

The following is required before issuance of each building permit:

Compliance Bond – All Building Contractors doing work in the Town of New Carlisle shall file with the Clerk-Treasurer a Compliance Bond for each specific project which requires a building permit, in the sum of ten thousand dollars (\$10,000.00), to ensure the compliance with the Town Ordinances in performing his duties as a Registered Contractor. The bond shall be maintained until a Certificate of Occupancy is issued. Any

violation of this section shall cause the Building Commissioner to issue a "stop work" order on each specific project affected. (Ord. 1164)

An annual registration fee of \$150.00 (non-refundable) must be paid upon approval of Contractor Registration and remains effective for a period of one year from the date of issuance. All registration renewals shall be completed within 30 days prior to the expiration of any current registration.

I understand that I, or a representative of the above Applicant's business, must inform the Town of New Carlisle in writing by certified mail, return receipt requested, should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the above and foregoing application as to all of the following types of insurance coverage: property damage, bodily injury and workman's compensation insurance as is required pursuant to this Application.

I understand that if the above Applicant's business is dropped, no longer carries, or carries insurance in an amount less than is required by the Application or the laws of the State of Indiana, then the Business's Registration issued by the Town of New Carlisle as a result of this Application shall be immediately rescinded and is void.

I understand that the above Business Applicant is solely responsible and holds the Town of New Carlisle harmless and indemnifies the Town of New Carlisle against any bodily injury, property damage, damages resulting from any Workman's Compensation claims or any and all other damages and costs resulting either directly or indirectly from any work performed as to the above Application.

I affirm under the penalties for perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

I affirm, under the penalties for perjury, that the above and foregoing representations are true and correct to the best of my knowledge and belief.

Date: _____

Representative's Signature (required)

Representative (Printed)

STATE OF INDIANA

SS:

COUNTY OF ST. JOSEPH

Subscribed and sworn to before me this _____ day of _____, 2007.

Notary Public

My Commission Expires:

County of Residence:

Notary Public (Printed)

APPROVED PERSONNEL FOR SIGNING PERMITS

Date: _____

Name of Company: _____

Town of New Carlisle Registration No. _____

The following people associated with the above named company have permission to sign for all applicable permits. **Only the people listed will be allowed to pull permits.**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Signature of Company Representative/Title

Date

Please return to:

Town of New Carlisle
124 E. Michigan Street
PO Box 6
New Carlisle, IN 46552

Or Fax to:
574-654-8876

