

**CITY OF MARION
CITY BUILDING DEPARTMENT
301 SOUTH BRANSON STREET
MARION, INDIANA 46952
765-662-9931 Ext. 136
FAX 765-651-4298**

RE: “Contractor Registration” – City of Marion, Indiana

Dear Contractor:

Please find enclosed, a “Contractor Registration Application”. All Contractors doing work in the City of Marion must be registered according to City Ordinance # 9-2005.

Please complete this application form, mail back to us (City Building Department, 301 S. Branson Street, Marion, Indiana 46952) along with a check made out to the “City of Marion Building Department” for the appropriate amount. Also, enclose a copy of your Liability Insurance (with the minimum requirement of \$500,000.00 on injury or death and \$100,000.00 for damage to property) and Worker’s Compensation Insurance by a Certificate of Insurance or Declarations page of your policy. Once all required information is received, we will forward your “Contractor Registration Card”. Should you have any questions, don’t hesitate to contact our office at 765-662-9931 Ext. 136

The note section is what will be used on the “Contractor Listing Report” for the public, so be as specific as possible. It will provide an excellent selling asset for your business.

Sincerely,

CITY OF MARION BUILDING DEPARTMENT

NOTE – If you are a “Sole Proprietor or Partnership” do not forget to enclose your copy of “Statement/Affidavit of Exemption” from the Worker’s Compensation Board.

CONTRACTOR REGISTRATION APPLICATION

COMPANY NAME: _____

CONTACT: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY/STATE/ZIP _____

TELEPHONE: _____ FAX: _____

CELL PHONE: _____ EMAIL _____

YEAR BUSINESS ESTABLISHED: _____

NUMBER OF EMPLOYEES: _____

INSURANCE INFO
(WRITTEN PROOF FROM INSURANCE CO. ALSO REQUIRED)

INSURANCE CO.: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

POLICY NO.: _____ EXP. DATE: _____

**** ATTACH PROOF OF LIABILITY INSURANCE
AND WORKMAN'S COMPENSATION INSURANCE**

**NOTE: IF "PROOF OF INSURANCE" PAPERS OR FEE ARE NOT RECEIVED,
WITHIN (10) TEN DAYS OF APPLICATION, THE REGISTRATION
APPLICATION WILL BE VOIDED. YOU WILL NEED TO RESUBMIT
THE APPLICATION AND PAY A NEW LICENSE FEE.**

TYPE OF REGISTRATION: _____
(CHOOSE FROM LIST BELOW)

GENERAL CONTRACTOR AND NON-CATEGORIZED PERMIT

UNRESTRICTED - \$200.00

RESIDENTIAL - 150.00

HVAC (HEATING & A/C) PERMIT

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

ELECTRICAL PERMIT

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

PLUMBING PERMIT

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

** SOLE PROPRIETOR OR PARTNERSHIP (MUST HAVE COPY OF STATEMENT/AFFIDAVIT OF EXEMPTION PROVIDED BY THE WORKMAN'S COMPENSATION BOARD. TX# TO APPLY FOR APPLICATION IS 317-232-3808.

SOLE PROPRIETOR - \$ 50.00

PARTNERSHIP - \$ 50.00

NOTES ABOUT OUR/MY BUSINESS AND THE TYPE OF WORK WE / I DO:

PLEASE READ CAREFULLY BEFORE SIGNING:

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE BUILDING INSPECTOR'S OFFICE ON ANY ADDITIONAL INFORMATION RELATING TO QUESTIONS RAISED ON THE APPLICATION WHICH OCCUR SUBSEQUENT TO MY COMPLETION OF THE APPLICATION. I REALIZE THAT MISREPRESENTATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION TO BE VOIDED. YOU WILL NEED TO RESUBMIT THE APPLICATION AND PAY A NEW REGISTRATION FEE.

SIGNATURE: _____

DATE: _____