

**PULASKI COUNTY**  
**BUILDING DEPARTMENT**  
**125 South Riverside Drive – Suite 150**  
**Winamac, Indiana 46996**

574-946-7858 Cell: 574-242-2046 FAX: 574-946-4917  
[buildinginspector@pulaskicounty.in.gov](mailto:buildinginspector@pulaskicounty.in.gov)

**Pulaski County, Contractors registration application information.**

Included in this packet is a two page, contractor registration application form. Please fill out the form completely, and return it along with the \$ 50.00 registration fee, your license/permit Bond (\$5000.00), and certificate of liability insurance (\$500,000.00), to the Pulaski County Building Department. The bond obligee and certificate holder shall be to Pulaski County Building Department. Your confidential information may be used to ascertain certain viable information about you and your business practices. Certification will be issued upon meeting the requirements established for the Pulaski County building department. There will be times your contractor registration status will be shared with the general public.

Initial registration fee is \$50.00 and renewal of \$25.00 annually. There is a thirty (30) day grace period in which to renew your registration or the full amount, \$50.00, will be required.

If you have any questions, or do not understand a portion of this information, please use the contact information at the top of this page for clarification.

Thank you

Doug Hoover

Pulaski County Building Official

Quentin Blount

Building and Zoning Coordinator

**PULASKI COUNTY BUILDING DEPARTMENT**

125 South Riverside Drive, Suite 150 - Winamac, IN 46996  
574-946-7858 Cell: 574-242-2046 FAX: 574-946-4917

**Pulaski County Contractors Registration application.**

buildinginspector@pulaskicounty.in.gov

Please print:

Is this business a: 1 \_\_\_ partnership; 2 \_\_\_ joint venture; 3 \_\_\_ corporation  
4 \_\_\_ Sole proprietor 5 \_\_\_ other, please explain.

\_\_\_\_\_  
Name of business \_\_\_\_\_  
Business address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Federal I.D. # \_\_\_\_\_  
Phone number \_\_\_\_\_ FAX: \_\_\_\_\_  
Cell number \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name of principal officer \_\_\_\_\_

Type of contractor's registration applied for \_\_\_\_\_  
(General contractor, electrical, plumbing, mechanical)

Give three references from business or professional people as to the applicant's reputation, honesty, integrity and good character.

Name	Address	Phone

The Building Commissioner may reject this application if the applicant answers yes to any of the following questions:

- 1) Has the applicant been convicted of a crime within the past 5 years? The crime involving dishonesty, fraud, deceit, or lack of integrity, whereby the applicant has benefited or whereby some injury has been sustained by another.

Please check: Yes \_\_\_\_\_ No \_\_\_\_\_

2) Has the applicant in the past 5 years refused to pay valid bills presented by Vendors, or been adjudged as bankrupt?

Please check: Yes \_\_\_\_\_ No \_\_\_\_\_

3) Has the applicant been convicted of a felony during the past 5 years?

Please check: Yes \_\_\_\_\_ No \_\_\_\_\_

If any of the above questions were answered with a yes please add an explanation to why and submit with this form.

---

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 Pulaski, Indiana.

This application will not be considered without submission of the Certificate of Insurance and \$ 5000.00 permit/license bond.

I certify that I have read the above information and filled it out to the best of my ability with true answers.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building Commissioner Approval: \_\_\_\_\_

cc: Applicant  
File

Contractor Registration #: \_\_\_\_\_  
(office use only)