

# **Pulaski County Building Department**

**125 South Riverside Drive – Suite 150**

**Winamac, Indiana 46996**

574-946-7858 Fax: 574-946-4917

zoning@pulaskicounty.in.gov

## **Contractor registration information**

Please complete the following registration application & return with the following:

**-Registration fee**

**-Bond (minimum \$5,000) with obligee & certificate holder as Pulaski County Building Department**

**-Certificate of liability insurance (minimum \$500,000 & must include workers compensation)**

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. If it has been shown credible work and business ethics have been shown, if you wish, we can add you to our contractor list.

**-Initial registration fee is \$50.00.** Annual renewal is \$25.00. If registration expires beyond a thirty (30) day grace period, you will incur a late registration fee of \$50 along with the annual renewal of \$25 making a required balance due of \$75.

Please make sure to include a valid email address, as your registration renewal reminder will not be postal mailed to you. Your renewal is 12 months following your previous registration/renewal date.

If you have any questions, please feel free to contact us.

Thank you

**Doug Hoover**

Pulaski County Building Inspector

**Karla Redweik-Pemberton**

Deputy Inspector & Coordinator

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**PULASKI COUNTY CONTRACTOR REGISTRATION APPLICATION**

Reg #66-\_\_\_\_\_

*Please Print*

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

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 \_\_\_\_\_  
(ie: 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

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
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.

Yes\_\_\_\_\_ No\_\_\_\_\_

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

Yes\_\_\_\_\_ No\_\_\_\_\_

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

Yes\_\_\_\_\_ No\_\_\_\_\_

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

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

Signature \_\_\_\_\_

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Building Commissioner Approval \_\_\_\_\_ Date paid \_\_\_\_\_

Contractor Registration #: 66-\_\_\_\_\_ Amount Paid \$\_\_\_\_\_