

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

PERMIT NO:

Contractors Registration Application

Date: _____

Name of Business: _____

Contact Person: _____ Title: _____

Address: _____

_____ City State Zip Code

Business Phone No: _____ Fax No: _____

Type of Business: _____

Plumbing License No: _____ Electrical License No: _____
If applicable *If applicable*

INSURANCE (An active certificate of insurance should be on file with the City of Crawfordsville)

Insurance Agency: _____ Phone No: _____

Address: _____

_____ City State Zip Code

Insurance Company: _____

Insurance Policy No. _____ Insurance Policy Expiration Date: _____

I (we) understand that I (we) am/are responsible for obtaining all necessary permits required by the City of Crawfordsville. Also, I (we) am/are responsible to call for all inspections required by the City of Crawfordsville Building Inspector. Failure to comply will result in the revocation of all permits and a STOP WORK ORDER will be issued by the Building Inspector. I (we) certify that I (we) am/are familiar with the Crawfordsville Building Code and the rules and regulations regarding building permits and inspections and will abide by them.

Signature of Authorized Representative: _____

FOR OFFICE USE ONLY

Date Received: _____ Registration Year: _____

Notes: _____

FEE: _____ Receipt No: _____ Check No: _____

Renewal Date: _____ Certificate of Insurance on File: YES or NO

Signature of Planning & Community Development Administrator: _____