

Department of Planning &  
Community Development  
CITY OF CRAWFORDSVILLE

PERMIT NO:  
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**Contractors Registration Application**

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

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Business Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Plumbing License No: \_\_\_\_\_

*If applicable, COPY MUST BE ATTACHED*

Electrical License No: \_\_\_\_\_

*If applicable, COPY MUST BE ATTACHED*

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

Insurance Agency: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

License on File: YES or NO

Signature of Planning & Community Development Administrator: \_\_\_\_\_