

Town of New Carlisle

Office of Clerk-Treasurer
124 E Michigan St.
P.O. Box 6
New Carlisle, IN 46552
(574) 654-3733

Contractor Registration Application

Building Inspector and Code Enforcement, Robert Middlebrook

Contractor Information

(Please Print)

Date (mm/dd/yyyy): _____

Applicant's Name/Title: _____

Company Name: _____

Individual Firm/Corporation: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Company Phone Number: _____

Emergency Contact: _____

Emergency Phone Number: _____

Please list names and addresses of all owners if business is a sole proprietorship or partnership. List names and addresses of all officers and registered servicing agents if business is a corporation.

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Application Requirements

All the following items must be turned in and completed in their entirety before the application will be considered for approval:

1. **Certificate of Insurance**: Showing compliance with Indiana worker's compensation and occupational health and safety laws and certificates of insurance illustrating minimum combined single limits of five hundred thousand dollars (\$500,000.00) per occurrence for bodily injury and property damage. The policy shall be maintained as long as the Registered Contractor continues to do business with the Town of New Carlisle. Any violation of this section shall cause the Building Commissioner to issue a "stop work" order on all projects the Registered Contractor is doing in town (Ord. 1164).
2. **Annual Registration Fee**: The annual registration fee is one hundred fifty dollars (\$150.00). Registration fees are nonrefundable. Registration shall be effective for a period of one year from the date of issuance and all registration renewals shall be completed within 30 days prior to the expiration of any current registration (Ord. 1164).
3. **Compliance Bond**: All contractors doing work in the Town of New Carlisle shall file with the Clerk-Treasurer a Compliance Bond in the sum of ten thousand dollars (\$10,000.00), to ensure the compliance with the Town Ordinances while performing his duties as a Registered Contractor. The bond shall be maintained until a Certificate of Occupancy is issued. Any violation of this section shall result in the Building Commissioner to issue a "stop work" order on each project affected (Ord. 1164).
4. **Approved Personnel for Signing Permits Form**: A list of all the personnel that the applicant wishes to have permission to sign for all applicable permits or to pull permits on file (form provided on page 3 of application).

Additional Information

PLEASE READ ALL OF THE FOLLOWING:

1. Once approved, the registration will be kept on file in the Town of New Carlisle Clerk's office. Someone from the Clerk's office will call the number on the application to notify the applicant once their registration has been approved. If the applicant wishes to receive a copy of the registration, they must complete the Notification of Approved Registration form (page 4) attached to the application. If the applicant chooses to have the Registration mailed to them, they must include an envelope with pre-paid postage. If the phone call notification is sufficient, please check "no additional notification requested".
2. A receipt of the received payment for the annual registration fee will be mailed to the applicant at the listed mailing address on the first page of the application.
3. An Approved Contractor Registration is required before any building permits are approved.
4. An Approved Contractor Registration does NOT replace the requirement for a building permit. All new projects must have the appropriate approved building permits prior to starting the project.
5. A new Compliance Bond must be submitted with each application, even if the applicant previously had a bond on file for any previously approved registration(s).

Approved Personnel for Signing Permits

Company Name: _____

The following people associated with the above named company have permission to sign for all applicable permits. **Only the people listed will be allowed to sign for and pull permits.**

| Name: | Title/Position: |
|-------|-----------------|
| 1. | |
| 2. | |
| 3. | |
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Representative's Signature

Date

Notification of Approved Registration

Company Name: _____

- No additional Notification of Approved Registration requested. Notification via phone call only is sufficient.

- Additional Notification of Approved Registration via e-mail is requested.
 - Email to send copy of registration to: _____

- Additional Notification of Approved Registration via U.S. Mail is requested.
 - Notification via U.S. Mail will be sent to the mailing address listed on page 1 of this application if no other address is specified.
 - Notification via U.S. Mail requires a envelope with pre-paid postage to be submitted with the application.
 - Other Specified Mailing Address: _____
City: _____ State: _____ Zip: _____

Representative's Signature

Date

I have read and understand the entirety of the application and the requirements set forth to obtain a Contractor Registration.

I understand that I, or a representative of the above Applicant's business, must inform the Town of New Carlisle in writing by certified mail, return receipt requested, should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the above and foregoing application as to all of the following types of insurance coverage: property damage, bodily injury, and workman's compensation insurance as required pursuant to this application.

I understand that if the above Applicant's business is dropped, no longer carries, or carries insurance in the amount less than is required by the application or the laws of the State of Indiana, then the Business's Registration issued by the Town of New Carlisle as a result of this application shall be immediately rescinded and is void.

I understand that the above Business Applicant is solely responsible for and holds the Town of New Carlisle harmless and indemnifies the Town of New Carlisle against any bodily injury, property damage, damages resulting from any Workman's Compensation Claims, or any and all other damages and costs resulting either directly or indirectly from any work performed as to the above application.

I affirm, under penalties of perjury, that all employees, agents and independent contractors working directly or indirectly for the above Applicant Business are fully covered by workman's compensation insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

I affirm, under penalties of perjury, that the above and foregoing representations are true and correct to the best of my knowledge and belief.

Representative's Signature

Date

Representative's Name and Title (Printed)

Notary Public Signature is Required

State of _____ }
County of _____ } SS

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____

Notary Public (Printed)

County of Residence: _____

Remit Payments to:
Town of New Carlisle
P.O. Box 6
New Carlisle, IN 46552
Version Updated February 2024

If you have any questions, please call (574) 654-3733