

CITY OF LOGANSPORT

Building Department (574) 753-4381

APPLICATION FOR CONTRACTOR'S REGISTRATION

Date _____

Contractor Type: () Electrician () Plumber () General () HVAC () Other _____

Contact Name _____

Business Name _____

Business Address _____

City and State _____ ZIP _____

Business Phone # _____ Cell Phone# _____

Email Address (Optional) _____

Signature _____ Title _____

OFFICE USE ONLY

.....
Fee: _____ Date Paid: _____ Receipt# _____ By: _____

Certificate of Insurance Provided _____ Yes _____ No Expiration Date: _____

Plumbers Only:

Enclose a copy of your current State of Indiana Plumbing License.

Plumbing License # _____ Expiration Date: _____

Completed Registration Form, Certificate of Liability Insurance with City of Logansport as the Certificate Holder and \$35.00 Fee, may be returned to:

CITY OF LOGANSPORT, 601 E BROADWAY, ROOM 303, LOGANSPORT IN 46947