MECHANICAL CONTRACTOR LICENSING INFORMATION

Excerpt from Ordinance No. 76-77 amending Ordinance No. 72-20

Applicants for mechanical contractors examination must complete application, return it to the Planning & Building Department and pay the sum of twenty-five dollars (exam fee).

Any applicant failing to qualify for a mechanical contractor's license shall be given the opportunity within a thirty (30) day period for a re-examination on the original twenty-five dollar ($25.00) examination fee. If, through no fault of the Examining Board, the applicant does not get re-examined within thirty (30) days from the original exam date, the examination fee is not returnable nor can it be used for any future examination fee. If the applicant fails the re-examination, the twenty-five dollar ($25.00) fee is not returnable. No other person of the same firm or corporation shall be entitled to an examination for an mechanical contractor's license before the expiration of the thirty day period and upon payment of the twenty-five dollar ($25.00) examination fee by the new applicant.

The Planning & Building Administrator of the Town of Merrillville, Indiana upon receipt of an approved certificate that such examinee has passed the examination for a mechanical contractor's license, and upon payment of One Hundred Dollars ($100.00) (less the twenty-five dollar ($25.00) paid examination fee) to the Clerk Treasurer, shall issue said license to such applicant, when applicant submits a certificate of insurance for minimum $100,000./$300,000. public liability and minimum of $50,000. property damage and a stamped copy of a County Bond for $5,000, recorded at the Recording Office located in the: Lake County Government Complex, (Recorder's Office)
2293 North Main Street
Crown Point, Indiana, 46307
Acceptable wording for this bond is "eligible to work in all cities, towns, or municipalities in Lake County, Indiana."
Please call the Recorder's Office (219) 755-3730 about fees for recording and making copies.
General Information
Ordinance 78-45, Amendment 76-39 Regulation of Contractors & House Enrolled Act #1347

The following is general information requirements for licensing or registration for **ALL Contractors:**

1) **$5,000. Bond** that **must be** recorded with their **official stamp** at the
   **LAKE COUNTY GOVT. CENTER (Recorder’s Office)**
   2293 North Main Street
   Crown Point IN 46307
   Phone (219) 755-3730

   is required by Lake County and the Town of Merrillville. Acceptable wording for this bond is
   **BOARD OF COMMISSIONER OF LAKE COUNTY, STATE OF INDIANA AND ALL
   CITIES, TOWNS, OR MUNICIPALITIES IN LAKE COUNTY, INDIANA.** Call the Recorder's
   Office about the fees they charge for this service and making copies.

2) **Certificate of Insurance** - in full continuing force and effect in the amounts:
   a) **Public Liability**
      "Type A" General Contractor  $500,000. One Person
      $1,000,000. One Accident
      "Type B" Sub-Contractor  $100,000. One Person
      $300,000. One Accident
      Electrical, Plumbing & HVAC Contractors
      same amount as "Type B" Contractor
   b) **Property Damage**
      "Type A" General Contractor  $250,000.
      "Type B" Sub-Contractor  $ 50,000.
      Electrical Contractor  $ 50,000.
      Plumbing Contractor  $ 50,000.
      HVAC Contractor  $ 50,000.
   c) **Workman's Compensation**
      As required by the State of Indiana

3) Application to be filled out and signed.

4) Total fee $100.00 **ALL CONTRACTORS**

**NOTE:** Expiration of License is December 31 of each year. Renewal fee payable between January 2 and January 31 is $50.00.
Electrical Contractors must take an electrical exam.
HVAC Contractors must take a mechanical exam.
Plumbing Contractors must present a copy of Original State of Indiana License and present year renewal card.
APPLICATION FOR MECHANICAL LICENSE

Please Print/Type

DATE:

NAME OF COMPANY: ____________________________

ADDRESS: ____________________________________________

STREET                                  CITY                    STATE            ZIP

PHONE: ( )_________________  E-MAIL ADDRESS:_____________________

FAX NO: ( )_________________  NUMBER OF YEARS IN BUSINESS_____ 

NAME OF PERSON APPLYING FOR LICENSE: ____________________________

HOME ADDRESS: ________________________________________________

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EDUCATION:

NO. YEARS / GRAD.DATE

GRADE SCHOOL _________________________________________________

HIGH SCHOOL___________________________________________________

COLLEGE _______________________________________________________ 

Special Training along mechanical lines including mechanical training in military service:

____________________________________________________________________

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EMPLOYMENT

DATE

FROM        TO

NAME & ADDRESS OF EMPLOYER

TYPE OF WORK

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

DID YOU EVER SERVE APPRENTICESHIP? If so, give place, length of time and name and address of company under whom you served.

____________________________________________________________________

ARE YOU A JOURNEYMAN? YES_____ NO_____ 

HOW LONG? ___________ WHERE? ____________________________

Give the name and address of at least one journeyman with whom you have worked.

____________________________________________________________________

_____________________________ Signature of Applicant