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 PLUMBING REGISTRATION

DATE: ________________

NAME OF COMPANY: __________________________________________________

ADDRESS: ____________________________________________________________

PHONE: (     ) ___________ NUMBER OF YEARS IN BUSINESS ____________

E-MAIL ADDRESS: ______________________________________________________

STATE LICENSE NUMBER ___________ DATE ISSUED ________________

NAME OF PERSON APPLYING FOR REGISTRATION: _______________________

HOME ADDRESS ______________________________________________________

POSITION WITH COMPANY _______________ HOW LONG? _________________

EDUCATION:
GRADE SCHOOL: ______________________________________________________
HIGH SCHOOL: ______________________________________________________
COLLEGE: __________________________________________________________

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

_____________________________________________________________________

_____________________________________________________________________

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

_____________________________________________________________________

_____________________________________________________________________

ARE YOU A JOURNEYMAN PLUMBER? YES _____ NO _____ HOW LONG? _______
WHERE? ____________________________________________________________

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

_____________________________________________________________________

_____________________________________________________________________

________________________________________ Signature of Applicant