

TOWN OF MERRILLVILLE
Planning & Building Department
7820 Broadway, Merrillville, Indiana 46410
Phone (219) 769-3631 Fax (219) 736-9039

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.

COMPANY'S NAME _____

OFFICE USE ONLY	
Bond Date	License #
Insurance Date	Date
License	Receipt #
All	App. Fee
Card	Lic. Fee
	Penalty Fee

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APPLICATION FOR CONTRACTOR'S LICENSE

PLEASE PRINT`

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: _____

Street City State Zip

HOME PHONE: () _____ POSITION WITH COMPANY _____

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

GENERAL _____ SUB-CONTRACTOR _____

IF SUB-CONTRACTOR - LIST SPECIALITY: _____

ARE YOU FAMILIAR WITH LOCAL ORDINANCES AND STATE LAWS? YES _____ NO _____

ARE YOU LICENSED IN OTHER CITIES OR TOWNS: YES _____ NO _____

IF ANSWER IS YES, WHERE? _____

LIST BELOW SOME RECENT JOBS:

DATE **NAME** **ADDRESS**

Signature of Applicant