



## **CITY** *of* **MARION**

CITY OF MARION  
BUILDING DEPARTMENT  
301 SOUTH BRANSON STREET  
MARION, INDIANA 46952  
Office: 765-662-9931  
Fax: 765-651-4298

RE: "Contractor Registration" – City of Marion, Indiana

Dear Contractor:

In accordance with City of Marion Ordinance #9-2005, all contractors performing work within Marion city limits must be registered with the City of Marion Building Department.

Please complete the attached application. Reference the attached fee schedule for the associated fee. Make checks payable to the City of Marion. Be sure to include a Certificate of Insurance with the City of Marion Building Department listed as the certificate holder. The minimum insurance requirements are \$500,000.00 on injury or death; and \$100,000.00 for damage to property. Please include proof of Workers Compensation Insurance. If you are a sole proprietor or partnership you must include a Worker's Compensation Clearance Certificate from the State of Indiana Worker's Compensation Board. Clearance certificate applications are available upon request.

Please return your completed application, payment, and C of I to the City of Marion Building Department located at 301 S. Branson Street, Marion, Indiana 46952. You can also email your application to [wgilbert@cityofmarion.in.gov](mailto:wgilbert@cityofmarion.in.gov). If you choose to email your application, you will be contacted for an online payment, and your completed registration will be emailed back to you. If you choose to mail your application by US Mail your registration will be mailed back to you at the address provided on your application. If you have any further questions or concerns please contact the City of Marion Building Department at 765.662.9931.

Sincerely,

Jerry D. Foustnight  
City of Marion, Building Commissioner

**CONTRACTOR REGISTRATION APPLICATION**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE CONTACT: \_\_\_\_\_

OFFICE CONTACT EMAIL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

YEAR COMPANY ESTABLISHED: \_\_\_\_\_ NUMBER OF EMPLOYEEES: \_\_\_\_\_

**COMPANY OWNER INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

COMPANY OWNER EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

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**INSURANCE INFO**  
**(PLEASE ATTACHED A CERTIFICATE OF INSURANCE)**

INSURANCE CO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

TYPE OF REGISTRATION: \_\_\_\_\_

\*Unrestricted – performs commercial and residential work

\*Residential – performs strictly residential work

**GENERAL CONTRACTOR AND NON-CATEGORIZED REGISTRATION**

UNRESTRICTED - \$200.00

RESIDENTIAL - 150.00

**HVAC (HEATING & A/C) REGISTRATION**

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

**ELECTRICAL REGISTRATION**

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

**PLUMBING REGISTRATION**

UNRESTRICTED - \$125.00

RESIDENTIAL - 100.00

**SOLE PROPRIETOR OR PARTNERSHIP**

SOLE PROPRIETOR - \$ 50.00

PARTNERSHIP - \$ 50.00

**(TO QUALIFY AS A SOLE PROPRIETOR OR PARTNERSHIP YOU MUST HAVE COPY  
OF WORKER'S COMPENSATION CLEARANCE CERTIFICATE PROVIDED BY THE  
STATE OF INDIANA WORKMAN'S COMPENSATION BOARD. PH# 317-232-3808.  
STATE FORM IS AVAILABLE UPON REQUEST.**

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PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the information contained in this application is correct and completed to the best of my knowledge. I agree to inform the Building Department Office on any additional information relating to questions raised on the application which occur subsequent to my completion of the application. I realize that misrepresentation may be cause for rejection of this application to be voided. You will need to resubmit the application and pay a new registration fee.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SOLE PROPRIETOR/PARTNRSHIP APPLICANTS ONLY**

I \_\_\_\_\_ am registering as a Sole proprietor/Partnership on \_\_\_\_\_.  
(Name) (Date)

By registering as a Sole proprietor/Partnership I am knowingly stating that I am an independent contractor. Anyone hired by me will be considered a subcontractor and is required by the City of Marion to be registered and provide proof of liability insurance and worker's compensation. If it is found that I have subcontracted unregistered contractors, I understand that a stop work order will be issued for the job and my registration will be revoked, no longer allowing me to work within the City of Marion. A contractor who knowingly or intentionally causes or assists employees, including temporary employees, to file a false statement and supporting documentation of independent contractor status commits a level 6 felony pursuant to IC 6-3-7-5. Also, by signing below I understand that I am required to provide a **WORKER'S COMPENSATION CLEARANCE CERTIFICATE** provided by the Workman's Compensation Board of Indiana. By signing below I understand that I have ten (10) days from today's date to provide the certificate to the City of Marion Building Department. I understand that failure to provide a Worker's Compensation Clearance Certificate will result in my Contractor Registration being revoked, no longer allowing me to work within the City of Marion.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_