



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 for injury or death and \$100,000.00 for property damage. Please include proof of Worker's Compensation Insurance. If you are a sole proprietor or partnership, you must have 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 certificate of insurance to the City of Marion Building Department located at 301 S. Branson Street, Marion, Indiana 46952. You can also email your application to jswathwood@cityofmarion.in.gov and/or mcardona@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 mail your application to the address listed above, your registration will be sent back to you at the address provided on your application. If you have further questions or concerns, please get in touch with the City of Marion Building Department at 765.662.9931.

Sincerely,

Justin Dickerson
Building Commissioner

CONTRACTOR REGISTRATION APPLICATION

COMPANY INFORMATION:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY _____ ST. _____ ZIP _____

OFFICE CONTACT: _____

OFFICE CONTACT EMAIL: _____

OFFICE PHONE: _____ FAX #: _____

YEAR COMPANY ESTABLISHED: _____ NUMBER OF EMPLOYEEES: _____

INDIANA PLUMBING LICENSE NUMBER _____

COMPANY OWNER INFORMATION:

FIRST NAME: _____ LAST NAME _____

CELL PHONE NUMBER: _____

COMPANY OWNER EMAIL: _____

MAILING ADDRESS: _____

CITY _____ ST. _____ ZIP _____

CONTRACTOR INFORMATION:

FIRST NAME: _____ LAST NAME _____

CELL PHONE NUMBER: _____

CONTRACTOR EMAIL: _____

MAILING ADDRESS: _____

CITY _____ ST. _____ ZIP _____

(Office Use Only)

Receipt # _____ Amount: _____ Cash _____ CC _____ Check _____ # _____ Contractor #: _____

INSURANCE INFO
(PLEASE ATTACH 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 (Indiana plumbing license required)

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 A COPY OF THE
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.**

PLEASE READ CAREFULLY BEFORE SIGNING:

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

SIGNATURE: _____ DATE: _____

SOLE PROPRIETOR/PARTNERSHIP 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. 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 under 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 I have thirty (30) 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: _____