



## CONTRACTOR'S LICENSE & RENEWAL

Contractor licenses are effective January 1<sup>st</sup> through December 31<sup>st</sup> annually. Renewals submitted in December are valid through the following year. *All contractors and subcontractors performing work in the Town of Porter must be licensed. Contractors may not hire unlicensed subcontractors.*

**All contractors must obtain proper permits before performing any work in Porter.**

### **NEW COPIES OF THE FOLLOWING ITEMS ARE REQUIRED EACH YEAR:**

**1. Completed contractor's license application**

**2. Copy of \$5,000.00 Bond**

Porter County Unified Bond (good in all towns & cities in Porter County) must be a minimum of \$5,000.00 and **must be recorded** with the Porter County, Indiana Recorder's Office **OR** unrecorded \$5,000.00 bond made out to Town of Porter.

**3. Copy of Liability Insurance Certificate**

Insurance certificate must provide minimum coverage for bodily injury of \$300,000 per person and/or per occurrence and for property damage of not less than \$100,000.00 per occurrence. Certificate holder should read "Town of Porter, 303 Franklin Street, Porter, IN 46304".

**4. Copy of Worker's Compensation Insurance Certificate OR copy of your State of Indiana Clearance Certificate**

The State of Indiana requires you to file for a Worker's Compensation Clearance Certificate. There is a fee required by the Indiana Department of Revenue for the application (State form 45899). We must receive a copy of your certificate from the State within thirty (30) days from the date you become licensed with the Town of Porter or you must provide proof of Worker's Compensation coverage. You are responsible for renewing this certificate annually. The thirty (30) day grace period applies to first time applicants only.

**5. Plumbing Contractors must submit copy of State of Indiana License**

*Contractor's company information must match exactly on insurance certificate and bond. These items may be faxed to the Town of Porter Clerk-Treasurer at (219) 395-8811.*

The total annual LICENSE FEE is **\$100.00** (new and renewal) payable at:

Porter Town Hall  
303 Franklin Street  
Porter, IN 46304

Please make checks payable to the **TOWN OF PORTER**.

Sincerely,

Michael S. Barry  
Director of Development/Building Commissioner



## APPLICATION FOR CONTRACTOR'S LICENSE

*[Please type or write legibly]*

DATE \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ OWNER/CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_

INSURANCE INFORMATION:	COMPANY NAME	EXP. DATE
------------------------	--------------	-----------

PUBLIC LIABILITY	_____	_____
------------------	-------	-------

WORKER'S COMP	_____	_____
---------------	-------	-------

PORTER COUNTY BOND	_____	_____
--------------------	-------	-------

=====

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE LIC FEE PAID \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_



## SUBCONTRACTOR LIST

Please list name, address and telephone number for each subcontractor on project.

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

<u>TRADE</u>	<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Builder/General	_____	_____	_____
Excavation	_____	_____	_____
Sewer Excavation	_____	_____	_____
Concrete	_____	_____	_____
Masonry	_____	_____	_____
Waterproofing	_____	_____	_____
Plumbing	_____	_____	_____
Carpentry	_____	_____	_____
Electrical	_____	_____	_____
Mechanical	_____	_____	_____
Roofing	_____	_____	_____
Insulation	_____	_____	_____
Drywall	_____	_____	_____
Siding	_____	_____	_____
Gutters	_____	_____	_____
Painting	_____	_____	_____
Other	_____	_____	_____

***This information must be provided prior to a building permit being issued. ALL subcontractors must be licensed by the Town of Porter.***