## **LaGrange County Building Department**

LaGrange County Office Building 114 West Michigan Street, Ste. #7 LaGrange, IN 46761

Phone: 260-499-6305 mdewald@lagrangecounty.org

## **2025** Contractor Registration

ANNUAL FEE: \$125

<u>Please Print</u>		
Business Name:		
Owners Name:	State: Zip: Email: e following questions:  ? ensation Insurance? by any approved testing facility? I by any approved testing facility?	
Mailing Address:		
City:	State:	Zip:
Phone:	Cell:	
Fax:	_ Email:	
Type of Work:		
Please answer YES OR NO to t	the following questions:	
1. Do you carry liability insuran	ce?	State: Zip:
2. Do you carry Workmans Com	ns Compensation Insurance?	
. Do you carry Workmans Compensation Insurance? Are you bonded?		
4. Have you failed any test give	n by any approved testing fa	acility?
5. Do you hold a certificate issu	ed by any approved testing	facility?
If yes, for what?		
Signature:	Date:	:

NOTE: ALL GENERAL, FRAMING, ELECTRICAL, INSULATION, MECHANICAL, PLUMBING & CONCRETE CONTRACTORS WORKING IN LAGRANGE COUNTY MUST BE REGISTERED WITH THE BUILDING DEPARTMENT.

(Co. Ordinance # 2006-12-4)

FAILURE TO REGISTER WILL RESULT IN \$350 PENALTY! (double annual registration fee + \$100