



Contractor's License

Building Department
310 Navajo Trail • Burns Harbor, IN 46304
P 219-787-9187 • F 219-787-0015
buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov



Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Name of Owner or Agent: _____

Home Address: _____

City, State, Zip: _____

Are you familiar with Local Ordinances and State Laws? Yes No

Do you carry Workman's Compensation, Public Liability & Property Damage Insurance? Yes No

Have you enclosed evidence of the above? Yes No

Total number of years in the Contracting business: _____

If you are a plumber, enter your State of Indiana License Number: _____

Applicant Signature

Date

PLEASE DO NOT WRITE IN THIS AREA. THIS IS FOR OFFICE RECORD KEEPING ONLY.

Approved: Denied:

Contractor's License Number: _____ \$100.00 Fee Yes No

Insurance Expiration Date: _____ Bond Expiration Date: _____

Worker's Compensation Expiration Date: _____

Clerk Signature

Date