

LAPORTE COUNTY  
BUILDING INSPECTION DEPARTMENT

**Michael Polan**  
Building Commissioner

**Janet Cole**  
Administrative Specialist

**Ashley Kazmucha**  
Administrative Coordinator

**Kelly Richie**  
Financial Administrator

Government Complex  
809 State Street, Suite 503 A  
LaPorte, Indiana 46350-3391  
(219) 326-6808 Ext. 2221, 2591 & 2563 -- Fax: (219) 362-5561

**Dave Schuman**  
Building Inspector

**Scott Schroeder**  
Building Inspector

**John T. Niegos**  
Electrical Inspector

**Rick Jackson**  
HVAC Inspector

Registration fee is \$150. Renewal fee is \$100 if renewed within 1 month of expiration, otherwise you will be re-registering resulting in a \$150 fee.

PLEASE PRINT

Is this business a \_\_\_\_\_ partnership \_\_\_\_\_ joint venture \_\_\_\_\_ corporation \_\_\_\_\_ other  
explain \_\_\_\_\_

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

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

BUSINESS TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_ CELL# \_\_\_\_\_

NAME OF PRINCIPAL OFFICER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

*Names of all officers, directors or partners:*

Name	Residential Address	Position
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Name	Residential Address	Position
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Name	Residential Address	Position
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List all businesses owned, operated and managed by the applicant in the past five years. In the case of a corporation, partnership or joint venture, the applicant is to be considered any director, officer or partner in the company.

Business Name	Address
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Type of Contractor's Registration applied for: \_\_\_\_\_

List three references from reputable and professional people not related by blood or marriage to the applicant, from the county of the applicant's reputation, as to honesty, integrity, and good character.

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Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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The Commissioner may reject the application if the applicant answers yes to any of the following questions:

1. Has the applicant ever been convicted of a crime within the past 5 years involving dishonesty, fraud, deceit, or lack of integrity, whereby the applicant has benefitted, or whereby some injury has been sustained by another?

Please Check:            YES \_\_\_\_\_            or            NO \_\_\_\_\_

2. Has the applicant, in the past 5 years, refused to pay valid bills of at least 5 different persons or firms; or has been adjudged bankrupt?

Please Check:            YES \_\_\_\_\_            or            NO \_\_\_\_\_

3. Has the applicant been convicted of a felony during the past 5 years?

Please Check:            YES \_\_\_\_\_            or            NO \_\_\_\_\_

\*If YES is checked, please explain on the reverse side of this page.

I hereby authorize investigation of all statements contained in this application for registration as may be necessary in arriving at a decision concerning registration. I understand that this application is not, and is not limited to be, a guarantee of registration.

Should my registration be granted, I understand that false or misleading information given in my application may result in revocation of the registration permit. I understand that I am required to abide by the Building Code of the County of Laporte, Indiana.

Please be advised that this application will not be considered until the Certificate of Insurance is received.

\_\_\_\_\_(Initial) I certify that I have read and understand the Laporte County Ordinance on Registration of Contractors, and the answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Insurance Carrier

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Registration # (Office Use ONLY)