City Of Southport
137 Worman Street, Southport, Indiana 46227
Office Number (317)786-3585
Email: clerktreasurer@southport.in.gov
www.southport.in.gov

Plumbing License Holder's Listing Application

___ **New** **Indiana State Plumbing License #** _____
(Required)

___ **Renewal** **Existing City of Southport Plumber's listing #** _____

_____
Name of License Holder

_____
Name of Business

_____
Business Address

City _____ State_____ Zip Code_____

Business Phone Number ( ) _____-_____ Cell Phone Number ( ) _____-_____

_____
Home Address

City_____ State_____ Zip Code_____

_____
Email Address

Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the City of Southport.

This application must be signed and dated. Signature indicates that all information is complete and accurate.

_____ **Date** ____ /_____/_____
Signature of License Holder

Application Requirements:
PLUMBING CONTRACTOR LICENSE HOLDERS MUST SUBMIT A CURRENT COPY OF THEIR INDIANA STATE PLUMBING LICENSE CARD ALONG WITH THIS APPLICATION.
1. Provide Certificate of Insurance listing "City of Southport" as Certificate holder.
2. Provide $10,000 Surety bond listing "City of Southport and/or Unknown Third Party" as obligee.
3. A two year **Residential** license fee is **$150**. A two year **Commercial** license fee is **$200**.
4. INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

For Office Use Only

License #_____ Date _____/_____/_____ Processed By _____

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