

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:

Date Registration Filed: _____

Contractor's Registration Application (Ordinance # 2013-14)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with Ordinance # 2013-14.

Contractor's/Sub-Contractor's Name:

Legal Business Status / Nature of Business:

Address:

Email:

Telephone Number:

A person, partnership, or corporation shall be entitled to receive a "Contractor Registration" as a contractor in the County of Cass if the following requirements are met:

(A) This application been submitted with the following:

1. The "Registration" fee of \$50 for General Contractors and \$25 for Sub-Contractors;
2. The contractor provides proof of insurance for: \$1,000,000.00 (One Million Dollars), for any occurrence relative to which there is an injury or death to one or more persons; and \$500,000 (five hundred thousand dollars) for any occurrence relative to which there is damage to property.

(B) The person, partnership, or corporation has not had a "Contractor Registration" issued under Ordinance # 2014-13 suspended or revoked within one year of the application date; and

(C) The partnership has not had a partner or the corporation has not had an officer who has had a "Contractor Registration" issued under Ordinance # 2013-14 suspended or revoked within one year of the permit application date.

The "Contractor Registration" is non-transferable and maybe good for up to a one (1) year period. Initial "Registrations" may occur throughout the year, but renewals will be due January 1 of each year following initial "Registration".

The County of Cass Board of Commissioners may suspend the "Registered Contractor" issued under Ordinance # 2013-14 to any person, partnership, or corporation if they meet one of the entries under Section 6 of the Ordinance.

By my signature, I acknowledge the above information and attached insurance, to my knowledge and belief, are true and correct.

Applicant's Signature: _____