

**TOWN OF LOWELL
ANNUAL CONTRACTOR
REGISTRATION
REQUIREMENTS**

No contractor or specialty contractor shall do or perform any work to construct, alter, remodel, remove, repair or demolish any structure permit within the Town of Lowell unless such contractor shall first obtain a valid registration certificate.



P O. Box 157
501 E. Main St.
Lowell, IN 46356
219-696-7794 / 219-696-7796 - FAX

All contractors shall provide adequate proof that they possess a current Lake County License.

This registration is valid from January 1st thru December 31st of each calendar year. This registration is renewable on December 1st of each calendar year thereafter.

SUBMIT THE FOLLOWING WITH APPLICATION FORM

- 1) **FEES:** **\$50.00 Annual Renewal Registration or within five years.**
 \$100.00 New Registration or elapsed registration.

2) **COPY OF CURRENT LAKE COUNTY LICENSE**

Lake County licenses ARE REQUIRED per Town of Lowell Ordinance.

- 3) **CERTIFICATE OF INSURANCE:** Town of Lowell as Certificate Holder

Description of Work:

Public Liability: **\$500,000 / person and \$1,000,000 / occurrence minimum.**
Property Damage: **\$ 25,000 minimum**
Workers Comp.: **If applicable**

- 4) **LAKE COUNTY BOND:** State law requires that a Five Thousand Dollar (\$5,000.00) bond, made out to "The Board of Commissioners of the County of Lake, State of Indiana, and Any Cities and Towns in Lake County Indiana", must be recorded at the Lake County Recorder's Office, 2293 N. Main Street, Crown Point, IN 46307; 219-755-3730. Once your bond is recorded, you must provide us with a COPY with the RECORDER'S STAMP visible on it for the record. If your bond has a stated termination date, your subsequent Continuation Certificate must be recorded, and a copy of the recorded Continuation Certificate must be provided for each year following the original bond.

EXCEPTION: CONTINUOUS BONDS.

- 5) **PLUMBING CONTRACTORS ONLY:** You are required to provide a COPY of your INDIANA STATE PLUMBING CONTRACTORS LICENSE with the stated expiration date.

Revised 11-20-08

TOWN OF LOWELL
CONTRACTORS REGISTRATION APPLICATION
Please Print or Type

Date _____ Contractor Specialty or Type _____

Business Name _____

Business Address _____ Suite _____

City and State _____ Zip _____

Business Phone No. _____ Cell No. _____

E-mail Address _____

License Holders Name _____

Address _____

City and State _____ Zip _____

FOR OFFICE USE ONLY

FEE _____ DATE PAID _____ RECEIPT NO. _____

REGISTRATION NO. _____ DATE ISSUED _____

Lake County Licenses ARE REQUIRED per Town of Lowell Ordinance

Plumbing Contractors Only: Enclose copy of your current State of Indiana Plumbing Contractors License.

Plumbing Contractors License # _____ Exp. _____

Note: It is the CONTRACTORS RESPONSIBILITY to provide updates when bond and / or insurance expires during the calendar year of registration. Failure to do so will result in the lapse of your registration.

Notify the Building Department of any changes in the above information during the calendar year of registration. Your registration is valid for the calendar year only.

Approved _____ Denied _____ Reason: _____

Building Official