



City of Wabash

BUILDING DEPARTMENT

202 S Wabash St
Wabash, IN 46992

Phone-260.274.1491

Fax-260.563.0876

buildingdepartment2@wabashcity.in.gov

CITY OF WABASH CONTRACTOR REGISTRATION APPLICATION 2026

OFFICE USE ONLY

CONTRACTOR #: _____

RECEIVED DATE: _____

DATE ISSUED: _____

PERMIT COST: _____

RECEIPT #: _____

PAYMENT TYPE: _____

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____

ADDRESS: _____

EMAIL: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ TELEPHONE: _____

BUSINESS ADDRESS: _____

BUSINESS EMAIL : _____ TAX ID # _____

NAME AND ADDRESS OF ALL MEMBERS/OFFICERS OF FIRM, LLC, OR CORPORATION:

Name _____ Address _____

Name _____ Address _____

YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____ INDIANA PLUMBING LICENSE #: _____

BUSINESS DETAILS

BRIEF DESCRIPTION OF THE TYPE OF WORK YOU DO: _____

REQUIRED PERMIT APPLICATION ATTACHMENTS

ONE COPY OF THE FOLLOWING SHALL BE INCLUDED WITH APPLICATION:

Submit digital copies to:

buildingdepartment2@wabashcity.in.gov

 PROOF OF INSURANCE

- a. Personal Injury \$100,000.00 per occurrence and \$300,000.00 in the aggregate; and
- b. Worker's Compensation Insurance

CERTIFICATION & NOTICE OF INTENT TO COMPLY

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in the rejection of my application. I further acknowledge that the Building Department and/or City of Wabash Enforcement Authority is hereby authorized to enter the premises to perform necessary inspections and that the violation of applicable codes and ordinances may result in the assessment of fines and penalties.

Authorized Agent (signature)

Authorized Agent (printed)

Date

*This form can be filled and submitted directly when opened with Adobe. If you do not have Adobe you can download it for free at: <https://get.adobe.com/reader/>
This form and any attachments can also be submitted via email to: buildingdepartment2@wabashcity.in.gov