



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 2024

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
_____	_____
_____	_____

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:

PROOF OF INSURANCE

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

Submit digital copies to:

buildingdepartment2@wabashcity.in.gov

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