



Application for General and Specialized Contractor's Registration

Initial Application Fee \$ 50.00  
Yearly Renewal Fee \$ 50.00

Paper applications will be accepted by the Office of Planning, Preservation, and Design; however, electronic submissions through our Permit Portal are preferred. This application can be submitted electronically at [www.madison-in.gov/reporting](http://www.madison-in.gov/reporting).

Purpose: Per the City of Madison Building Regulations Ordinance, all general and specialized contractors building new construction, or making alterations or repairs to existing construction on structures totaling more than 100 square feet, or having a cost to the ultimate owner over \$500, shall register annually with the Plan Commission. Handymen who provide repair or maintenance services, which would not require a building permit under the Building Code of the City of Madison, are exempt from the provisions of this section.

This application must be filed prior to work beginning on a property located within the City of Madison. Registrations are good for one year and must be renewed by 4:00 p.m. on the date of expiration or the registration is expired. Building Permits will be held until all contractors and subcontractors are registered and up to date with the City of Madison. Additional or replacement cards can be obtained by submitting an application for Additional or Replacement Contractor's Registration Card.

**APPLICANT INFORMATION**

Registration # (provided by office): \_\_\_\_\_ Date: \_\_\_\_\_

- New Application  Yearly Renewal

Business Name: \_\_\_\_\_

Contact or Individual Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_

Email: \_\_\_\_\_

**STATUS OF APPLICANT**

- Individual acting as a sole proprietor  Individual affiliated with a business

Business specialty: \_\_\_\_\_

S.S. # or EIN #: \_\_\_\_\_

Associated Licenses (copy must be provided): \_\_\_\_\_

\_\_\_\_\_

Please select ALL of the trades for which you are registering as a contractor:

- |   |  |
|---|--|
| <input type="checkbox"/> Cabinet Contractor         | <input type="checkbox"/> General Contractor            |
| <input type="checkbox"/> Closet, Shelving & Mirror  | <input type="checkbox"/> HVAC Contractor               |
| <input type="checkbox"/> Concrete Contractor        | <input type="checkbox"/> Insulation Contractor         |
| <input type="checkbox"/> Drywall Contractor         | <input type="checkbox"/> Masonry Contractor            |
| <input type="checkbox"/> Electrical Contractor      | <input type="checkbox"/> Painting Contractor           |
| <input type="checkbox"/> Excavating Contractor      | <input type="checkbox"/> Plaster Contractor            |
| <input type="checkbox"/> Fencing Contractor         | <input type="checkbox"/> Plumbing Contractor           |
| <input type="checkbox"/> Finish Carpenter           | Indiana License Number: _____                          |
| <input type="checkbox"/> Fire Protection Contractor | <input type="checkbox"/> Pool Installer                |
| <input type="checkbox"/> Fireplace Contractor       | <input type="checkbox"/> Refrigeration Contractor      |
| <input type="checkbox"/> Flooring Contractor        | <input type="checkbox"/> Replacement Window Contractor |
| <input type="checkbox"/> Foundation Contractor      | <input type="checkbox"/> Roofing Contractor            |
| <input type="checkbox"/> Framing Contractor         | <input type="checkbox"/> Siding Contractor             |
|   | <input type="checkbox"/> Sign Contractor               |
|   | <input type="checkbox"/> Waterproofing Contractor      |
|   | <input type="checkbox"/> Other: _____                  |

Please list the Madison project for which you are registering below.

\_\_\_\_\_

I certify that the information provided in this application is true and accurate to the best of my ability. I understand that I must provide a copy of my current Certificate of Liability with this application, and it must be up to date during the duration of my registration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

COMPLETED BY PLANNING OFFICE	
Application Accepted on: _____	Application Accepted by: _____
Registration #: _____	Expiration Date: _____

**Documentation Review** (Completed by Planning Office)

- \_\_\_ Application is complete
- \_\_\_ Certificate of Liability received by office
- \_\_\_ State Plumber License Certificate (if applicable)

Staff Notes