Please Note: Completed application must be submitted no later than one (1) week prior to your testing date!

Licensing Application Form and Instruction Sheets

UNINCORPORATED LAKE COUNTY LICENSING

ORDINANCE NO. 1628

(Replacing Original Ordinance 966-D adopted January 4, 1986)

Passed and Adopted by Lake County Council June 13, 1995

Approved by Contractors Board of Licensing April 23, 1995

Lake County Licensing Department
Lake County Planning & Building Department
2293 N. Main St.
Crown Point, In 46307

Phone: (219) 755-3700

TO BE COMPLETED BY YOUR LOCAL ZONING BOARD:

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting contractor's business at the address cited on my application.

Zoning Official Signature _____ Phone _____

Date _____ (Authorizing Agency) _____

Business Name: _____

Business Address: _____
(City, State, Zip Code)

License Holders Phone #: _____

Procedure for Applying for a Contractors License

(Please read carefully all information in this packet.)

1. Fill out the application for Contractors License as instructed on the attached sheet.

2. Be sure you attached two (2) 2" x 2" colored passport photos of yourself.

3. Notary Seals must be affixed on each of the two Endorsements.

4. Return the completed application with a check or money order payable to the Lake County Plan Commission in the amount of Three Hundred Dollars ($300.00). The Licensing Board may investigate the statements contained on the application and if any statements are found to be false or untrue, they may refuse to examine, license, or register the applicant.

5. You will be scheduled for an examination or for a registration at the earliest convenience. (Plumbers & Well Diggers who possess a valid Indiana Plumber's License are not required to take a test, but they must be **REGISTERED** with the Licensing Department to perform work in the unincorporated areas of Lake County.

6. **EXAMINATIONS:** You will be notified the day the application is submitted or by mail as to the time, date, and type of examination. The following examinations are "**Open Book Exams**" and the applicant should bring with him or her the code books listed:
   General Contractor, Carpentry, Drywall, Insulation, Awning/Canopy, Glass/Glazing, Roofing, Swimming Pools, Masonry
   Code Books for these tests:
   2003 IRC, 2012 IBC, In., Swimming Pool Code, Lake County Bldg Code #18 and all amendments to each.
   HVAC Exam – 2012 International Mechanical Code, 2014 Amendments & 2003 IRC.
   Electrical Exam- 2008 National Elect. Code and any Amendments

   All other tests: closed Book

7. **Test Grade:** To qualify for a License, a grade of 76% or better is necessary to pass. You will be notified by mail whether you have passed or failed the examination.

8. Upon notification that you have successfully passed the examination, you shall be required to bring or forward to this office a current **RECORDED** County Unified Contractors Bond and **RECORDED Certificate of Insurance** as per Licensing Ordinance No. 1628 one week prior to the respective Board meeting. **Bond and Insurance must include scope of work.**

Any applicant who fails to qualify for a License as a Contractor or Specialty Contractor may be re-examined at the next succeeding date for examinations. In the event the applicant fails to qualify on 2 successive attempts, he shall be ineligible for re-examination for a period of one year from the date of his last examination.

Instructions for Filling in Contractors License Application form:

IMPORTANT: YOU MUST HAVE THE PARAGRAPH ENTITLED "TO BE COMPLETED BY LOCAL ZONING BOARD" (**Front cover of Application**) REVIEWED & SIGNED BY YOUR LOCAL PLANNING DEPARTMENT.

1. Applicant's Name (not business name or Owner's Name).
2. Business Name (name of business; can be same as above if the business carries the same name).
3. Business Address (where you can be reached).
4. Federal Tax Number (must be supplied).
5. Type of License (name it); Registration (plumbers only).
6. If Registration, give Number. (must provide copy of your card)
7. Check category or type of License being sought.
8. Specialty - name the type of specialty.
9. Check category and indicate whether an owner, individual, partnership, or corporation.
10. Give names of individuals involved in your company.
11. Application and Examination fee (this is for Office Use Only)
12. Attached copy of two (2) colored photographs measuring 2" x 2".
13. Attach your copy of your **RECORDED Property & Liability Insurance Policy.**
14. Attach copy of your Workman's Compensation.
15. Is Workman's Compensation applicable? (yes or no)
16. Length of service in contracting business in Lake County, Indiana.
17. Name any other Contractors Licenses you carry.
18. If it pertains to you, fill it in.
19. If it pertains to you, fill it in.
20. Is your **RECORDED BOND** in effect? (Check it)
21. Answer this question.
22. Answer this question.
23. Your name – social security number – address , etc.
24. Two Endorsements are necessary – they must be notarized. **Don't Forget Your Notary Seal which must be affixed.**

Fee Schedule for New Contractors Licenses

Application and Examination fee	$300.00
Additional Examination Fee (retest)	$ 50.00
Contractors License Fee	$100.00

APPLICATION FORM FOR CONTRACTORS LICENSE

1. Applicant/Owners Name _____ Date _____
2. Business Name _____ Phone _____
3. Business Address _____
4. E-Mail Address _____
5. Federal Tax Number _____ Date of Birth _____
6. LICENSE TYPE: NEW _____ Registration No. _____
7. LICENSE TYPE: GENERAL ____ ELECTRICAL ____ HVAC ____ PLUMBER_____
8. SPECIALTY (Type of Specialty) _____
9. Owner _____ Individual _____ Co-Partnership _____ Corporation _____
10. NAMES OF PARTNERS OR CORPORATION OFFICERS (Please List):

_____ Title _____ Phone _____

_____ Title _____ Phone _____

APPLICATION/EXAMINATION FEE	$ 300.00*	Receipt No. _____
RETEST FEE	$ 50.00	Receipt No. _____
STATE LICENSE/	$ 50.00	Receipt No. _____
OWNER/OCCUPANT	$ 50.00	Receipt No _____
LICENSE FEE	$100.00	Receipt No. _____

12. Photographs Colored - 2 (two) measuring 2" x 2" ATTACHED _____
13. Copy **RECORDED** Insurance Liability & Property Damage(Contractor) Attached _____
    or
    Home Owners Builders Risk Insurance Attached _____
14. Copy Workman Compensation Insurance Attached _____
15. APPLICABLE? Yes_____ NO _____
16. How long have you been engaged in Contracting Business in LAKE COUNTY, INDIANA? _____ YEARS _____

* Includes $50.00 Application and Processing Fee

Verify and describe in writing jobs contracted in Lake County Indiana for the past year. Please attach any information that can verify the above.

17. Do you now hold any Contractors License? YES _____ NO _____

18. Have you ever been convicted in Indiana or any other state of obtaining money under false pretenses, extortion, forgery, embezzlement, or criminal conspiracy to defraud, filed bankruptcy, or other like offenses? YES _____ NO _____

    If yes, explain nature of charge, date of conviction, court and location where convicted, sentence imposed, and explain whether the sentence or disposition has been completed.

    _____

    _____

19. Are you currently under indictment or charge by information for the offense of any of the above charges? YES _____ NO _____

    If yes, explain the nature of the charge and the status of the case.

    _____

20. Is your Lake County CONTRACTORS BOND in effect? YES _____ NO ____

21. Do you understand the Unincorporated Lake County, Indiana Building Code – The required Inspections and Required Permits? YES _____ NO

22. Do you understand that the Lake County Ordinance 1628 Regarding the Licensing and Registration of Contractors is applicable? YES __ NO __

23. *In witness whereof, I have hereunto subscribed my name this _____ day of _____, 20 _____, in the County of _____, State of _____*

    SOCIAL SECURITY NUMBER _____

    _____

    (Applicant's Signature)

    _____

    (Applicant's Address) *(City, State, Zip Code)*

s/s:

_____, *legal resident of* _____*County, State*

(Applicants Name)

of _____, *having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all statements contained in the said answers are true to be the best of his/her knowledge and belief.*

S/s

Sworn and subscribed to before me this ____ *Day of* _____, *20*____

In the County of _____, *State of* _____

Notary Public Signature _____*Comm. Expires* _____

24. *All applications shall be signed by the applicant or its duly authorized officer and shall be accompanied by a recommendation as to the character and honesty of the applicant from two (2) citizens of this county who are not related to the applicant, or in the case of a corporation, its officer, and who shall be owners of real estate in the county where the applicant proposes to actively engage in the contracting business.*

ENDORSEMENT #1

I, the undersigned, do hereby attest that I am a citizen of Lake County and am not related to the applicant or a member of the corporation and that I am an owner of real estate in Lake County, Indiana.

I now reside in _____ *County of* _____, *State of*

_____, *having resided there since* _____, *20* ___ *and that I am personally acquainted with the applicant herein, and that the answers made by me to the following questions are true to the best of my knowledge and belief.*

a. *How long have you been acquainted with the applicant?* _____*(Years)*

b. *How long has he/she been engaged in contracting work?* _____*(Years)*

c. *Is he honest and of good moral character? Yes* _____ *No* _____

d. *Would you consider him/her to be qualified?* _____

IN WITNESS WHEREOF, I hereunto subscribe my name this _____*day of* _____.
20 ____, *County of* _____, *State of* _____

_____
(Printed Name)

_____
(Signature)

_____
(Address) *(City, State, Zip Code)*

s/s
OFFICIAL SEAL
(Seal must not be omitted)

SWORN AND SUBSCRIBED To before me this _____*Day of* _____, *20* ____,
County of _____, *State of* _____.

_____ _____
(Notary Signature) *(County)*

MY COMMISSION EXPIRES _____, *20* _____

ENDORSEMENT #2

I, the undersigned, do hereby attest that I am a citizen of Lake County and am not related to the applicant or a member of the corporation and that I am an owner of real estate in Lake County, Indiana.

I now reside in _____ *County of* _____, *State of*

_____, *having resided there since* _____, *20*_____, *and that I am personally acquainted with the applicant herein, and that the answers made by me to the following questions are true to the best of my knowledge and belief.*

a. How long have you been acquainted with the applicant? _____ *(Years)*

b. How long has he/she been engaged in contracting work? _____ *(Years)*

c. Is he/she honest and of good moral character? Yes _____ *No* _____

d. Would you consider him/her to be qualified? _____

IN WITNESS WHEREOF, I hereunto subscribe my name this _____*day of* _____, *20,* _____, *County of* _____, *State of* _____

_____
(Printed Name)

_____
(Signature)

_____
(Address) *(City, State, Zip Code)*

s/s
OFFICIAL SEAL
(Seal must not be omitted)

SWORN AND SUBSCRIBED To before me this _____ *Day of* _____*20* _____,
*County of*_____, *State of* _____.

_____ _____
(Notary Signature) *(County)*

MY COMMISSION EXPIRES _____, *20* _____

Insurance and Bond Requirements

All Contractors performing work in the unincorporated areas of Lake County, Indiana are required by State Law and County Ordinance No 1628 to have a Five Thousand Dollar ($5,000.00) County Unified Bond which must be recorded in the Lake County Recorders Office and a Certificate of Insurance before being submitted with the Contractors Licensing Application Form. It is necessary to **record** the County Unified Bond and to **record** your Certificate of Insurance.

Areas covered under the insurance requirements are Property Damage and Personal Liability in the amount of Five Hundred Thousand Dollar ($500,000.00) for each occurrence, or an umbrella form of One Million Dollars ($1,000,000.00).

Please Note: The Bond Must Read: **The Board of Commissioners of the County of Lake, State of Indiana, and Any Cities and Towns in Lake County, Indiana (Must be RECORDED).**

Please Note: The **Certificate of Insurance holder must be**:

Lake County Plan Commission
2293 N. Main St.
Crown Point, In 46307

Bond and Insurance <u>MUST</u> state scope of work.

Make Check or Money Orders payable to: Lake County Plan Commission

All meetings of the Lake County Contractors Licensing Board are held the third Friday of every month at 9:00 A.M. unless otherwise noted.

Please Note: All Foreign Corporations must submit a Certificate of Authority from the Indiana Secretary of State. Their phone number is (317) 232-6576.

Plumbers who possess a valid Indiana Plumbers License are not required to take any test, but they must be registered with the Licensing Division of the Lake County Planning & Building Department to perform work in the unincorporated area of Lake County, Indiana. This also applies to Licensed Well Diggers.

Please have your bond corrected – your insurance company should be able to issue a Rider to correct any wording of your recorded bond. Have your insurance company fax a copy of the rider to our office – Riders are not to be recorded. Our fax number is (219)-755-3712 – Attention Sherri or Marye Beth- If you have any questions, please call (219) 755-3700. Thank you.