



Application for General and Specialized Contractor's Registration

City of Madison
Office of Planning, Preservation, & Design
101 W Main St
Madison, IN 47250
(812) 265-8300

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

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): _____

If your business is located outside Madison, Indiana, please provide five (5) verifiable completed jobs:

	NAME	ADDRESS	CONTACT PHONE #
1.			
2.			
3.			
4.			
5.			

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

Documentation Review (Completed by Planning Office)

_____ Application is complete
_____ Certificate of Liability received by office

Staff Notes

COMPLETED BY PLANNING OFFICE

Application Accepted on: _____

Application Accepted by: _____

Registration #: _____

Expiration Date: _____