



# City of New Castle, Building Commissioner

227 North Main Street • New Castle, IN 47362

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## APPLICATION FOR CONTRACTOR'S LICENSE PLEASE PRINT

### TYPE OF LICENSE REQUESTED:

- ELECTRICAL-MASTER ( )      ELECTRICAL-RESIDENTIAL ( )  
 HVAC-MASTER ( )      HVAC-JOURNEYMAN ( )  
 PLUMBING ( )      FIRE SUPPRESSION ( )  
 GENERAL CONTRACTOR ( )      LIMITED CONTRACTOR ( )  
 DEMOLITION ( )      EXCAVATION ( )  
 SIGN INSTALLATION ( )      TREE TRIMMING ( )  
 TELECOMMUNICATIONS ( )      CONCRETE/MASONRY ( )  
 OTHER: \_\_\_\_\_

### FEES:

- \$90 SINGLE TRADE  
 \$30 PER ADDITIONAL TRADE  
 \$30 PLUMBING REGISTRATION

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF OWNER/PRINCIPAL: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

NUMBER YEARS EXPERIENCE IN TRADE REQUESTED: \_\_\_\_\_

### \*\*\*CERTIFICATE OF LIABILITY REQUIRED\*\*\*

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE AGENCY: \_\_\_\_\_

AGENT NAME/PHONE: \_\_\_\_\_

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DESCRIBE WORK RELATED EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST A MINIMUM OF THREE (3) REFERENCES WHERE YOU HAVE WORKED IN THE FIELD REQUESTED (WORK EXPERIENCE):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**\*ATTACH ANY DOCUMENTATION THAT VERIFIES WORK EXPERIENCE (LETTERS OF REFERENCE; LETTERS OF EMPLOYMENT, ETC) \***

HAVE YOU TAKEN A CONSTRUCTION OR TRADE EXAM? YES \_\_\_ NO \_\_\_ **IF SO, PLEASE PROVIDE OFFICIAL TEST RESULTS.**

DO YOU HOLD A CONTRACTOR'S LICENSE IN ANY OTHER COMMUNITY? YES \_\_\_ NO \_\_\_ **IF SO, PLEASE PROVIDE CURRENT COPY.**

HAVE YOU EVER HAD A CONTRACTOR'S LICENSE REVOKED? YES \_\_\_ NO \_\_\_

**IF SO, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY JUDGEMENTS, SUITS, OR CLAIMS AGAINST YOU? YES \_\_\_ NO \_\_\_

**IF SO, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? YES \_\_\_ NO \_\_\_

**IF SO, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_

**THE CITY OF NEW CASTLE IS AUTHORIZED TO REQUEST ADDITIONAL INFORMATION, IF NEEDED. ANY INDIVIDUAL OR AGENCY HEREIN NAMED IS HEREBY ALSO AUTHORIZED TO SUPPLY ANY INFORMATION THAT MAY BE DEEMED NECESSARY TO VERIFY ANY STATEMENTS IN THIS APPLICATION.**

**BY SIGNING BELOW, I AM GRANTING THIS WAIVER FOR THE CITY OF NEW CASTLE, INDIANA, TO COMPLETE A CRIMINAL RECORD CHECK.**

**THE FOREGOING STATEMENTS AND RESPONSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_