

GRANT COUNTY AREA PLAN CONTRACTOR REGISTRATION

Grant County Complex, 401 S Adams St, Marion, IN 46953
Phone: 765-668-4765

Contractor/Business _____ Date _____
Street Address _____ City _____ State _____ Zip Code _____
Work # _____ Cell # _____ Fax # _____
E-Mail _____

Work Activity (i.e. foundation/masonry, excavation, electric, carpenter, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

State Plumbing License # _____

ALL SUBCONTRACTORS MUST BE REGISTERED WITH THE AREA PLAN OFFICE

I have read the provisions of the Areawide Zoning Ordinance pertaining to the contractor's registration, building code requirements, and setback requirements and understand the provisions contained therein. I certify that the above information is correct to the best of my knowledge and that I will insure that all subcontractors used will be registered.

Signature _____ Date _____

Name printed _____

Annual Fee: \$25.00 payable to the Grant County Area Plan

For office use only:

Registration Number _____ Zoning _____ CHO # _____

Expiration Date _____

Receipt Number _____