

CITY OF MICHIGAN CITY, INDIANA

PLANNING/INSPECTION DEPARTMENT
100 E. Michigan Blvd.
Michigan City, IN 46360
(219)873-1415 Fax (219)873-1580

APPLICATION FOR REGISTRATION

Name of Applicant _____

DBA / Company Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Cell Phone Number _____

LIABILITY INSURANCE REQUIRED: Insurance Certification Attached YES NO

I hereby make application for registration of a Building Contractor Sign Contractor
 Plumbing Contractor Sewer-Excavating Contractor and hereby certify that the above information is true and correct.

Please NOTE: All Plumbing applicants MUST provide a copy of their Indiana State Plumbing Contractor's License.

Applicant Signature

Fee MUST accompany this application, made payable to: City of Michigan City, IN

New Applicants:
\$150.00 ----- Check No. _____ Cash _____

Renewals:
\$100.00 ____ Check No. _____ C ash _____