



CONTRACTOR REGISTRATION FORM

Building Department

172 N 2ND St.

Decatur, IN 46733

(260) 724-3814

Email: permits@cityofdecatur.in.gov

Date: _____

CONTRACTOR NAME: _____

CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

OFFICE PHONE: _____ CELL PHONE: _____

FEDERAL ID NUMBER: _____

CONTRACTOR TYPE (CHECK ALL THAT APPLY):

GENERAL CONTRACTOR: _____

ELECTRICAL: _____

PLUMBER: _____

HVAC: _____

SIGN: _____

CONCRETE: _____

ROOF: _____

MECHANICAL: _____

FIRE SUPPRESSION: _____

LANDSCAPING: _____

FENCING: _____

OTHER: _____

PLEASE ATTACH A CERTIFICATE OF INSURANCE

SIGNATURE: _____ DATE: _____

I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE, TRUE AND CORRECT OT THE BEST OF MY KNOWLEDGE.