



## TOWN OF HEBRON ~ BUILDING DEPARTMENT

### CONTRACTORS LICENSE APPLICATION GUIDE

#### Application Requirements:

1. Completed Contractors License Application Form – Applications are available at [www.hebronindiana.org](http://www.hebronindiana.org) or at the Hebron Town Hall located at 107 N. Main St., Hebron, IN 46341
2. A copy of the Owner Driver's License
3. A copy of Recorded Porter County Bond
4. Provide Certificate of insurance
  - a) Minimum personal injury / general liability \$250,000 / \$500,000
  - b) Minimum property damage \$ 1,000,000 / \$2,000,000
  - c) Expiration date of policy
  - d) Certificate Holder must Read:  
**Town of Hebron**  
**P.O. Box 478**  
**107 N. Main St.**  
**Hebron, IN. 46341**
  - e) The contractor's company information must match exactly on both the Certificate of Insurance and the Porter County Bond. **EXAMPLE:**

The following is **NOT** acceptable-

<i>Certificate of Insurance Reads:</i>	<i>Porter County Bond Reads:</i>
<u>INSURED: XYZ Company</u>	<u>PRINCIPAL: XYZ Co., Inc.</u>
➤ <b>THE COMPANY NAME DOES NOT MATCH EXACTLY</b>	

The following **IS** acceptable-

<i>Certificate of Insurance Reads:</i>	<i>Porter County Bond Reads:</i>
<u>INSURED: XYZ Company Inc.</u>	<u>PRINCIPAL: XYZ Company Inc.</u>
➤ <b>THE COMPANY NAME MATCHES EXACTLY</b>	

#### \*\*\*IMPORTANT NOTE: REGARDING WORKERS COMPENSATION INSURANCE\*\*\*

If you are the sole employee (do not employ any workers, nor have any other person(s) assisting you on the job), you must apply to the State of Indiana Department of Revenue for the Worker's Compensation Waiver. The State requires you to file for a Worker's Compensation Clearance Certificate.

We must receive a copy of your certificate from the State within 30 days from the date you become licensed with the Town of Hebron. If we do not receive your certificate within 30 days, you are required to provide proof of workers compensation insurance coverage, or your license will be revoked. You are responsible for renewing this certificate every year.



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5. Payment of \$75.00 for a new contractor's license, \$50.00 for annual renewal of an existing license. Payment may be made by cash (in person), check payable to "Town of Hebron" or Credit/Debit card (fees apply) and/or online at [www.hebronindiana.org](http://www.hebronindiana.org).
6. Mail or drop off the completed application and required documents to: Town of Hebron, PO Box 478, 107 N. Main St., Hebron, IN 46341 You may also email all to [hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org) or fax (219) 996-7494 and pay license fee online at [www.hebronindiana.org](http://www.hebronindiana.org).
7. If approved and provided a self-addressed stamped envelope, the license and receipt will be mailed to the contractor's mailing address. Otherwise, it may be picked up during normal business hours, Monday – Friday, 7:30am – 4:00pm. Sorry, no returns by email.

### Details:

1. The contractor's license will be in effect from January 1<sup>st</sup> or date of issuance to December 31<sup>st</sup> of the year applying for.
2. If a contractor allows their license to expire for more than (2) or more years, they must reapply and pay the \$75.00 fee for a new license.
3. If your insurance expires during the calendar year, your registration will be suspended pending receipt of your updated Certificate of Insurance.
4. If you have any questions, please call (219) 996-4641 or email [hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org).



# TOWN OF HEBRON

ESTABLISHED 1890  
BUILDING DEPARTMENT

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

**BRADFORD LADWIG**  
**BUILDING COMMISSIONER**  
Office 219-996-4641  
Fax 219-996-7494

EMAIL:  
[hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org)

## CONTRACTORS LICENSE APPLICATION

APPLICATION DATE \_\_\_\_\_ NEW LICENSE (\$75 FEE) LICENSE RENEWAL (\$50 FEE)

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

OFFICE PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY

\*\* GENERAL CONTRACTOR (RESIDENTIAL) \*\*

ELECTRICAL CONTRACTOR

\*\* GENERAL CONTRACTOR (COMMERCIAL) \*\*

HVAC CONTRACTOR

SPECIALTY CONTRACTOR (SPECIFY FIELD)  
\_\_\_\_\_

PLUMBING CONTRACTOR -

Indiana License# \_\_\_\_\_  
(Provide a copy for our file)

**\*\*COVERS ALL DISCIPLINES OF WORK EXCEPT THE FOLLOWING\*\***

**NOTE: THE FOLLOWING THREE (3) TYPES OF WORK ARE NOT INCLUDED IN THE GENERAL CONTRACTORS' BUILDING PERMIT. CONTRACTORS ENGAGING IN THE TYPES OF WORK LISTED BELOW MUST BE LICENSED AND RESPONSIBLE FOR OBTAINING A SEPARATE PERMIT AND THEIR INSPECTIONS.**

➤ **ELECTRICAL PLUMBING HVAC**



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- |                  |                        |
|------------------|------------------------|
| DEMOLITION       | FASCIA/SOFFIT          |
| EXCAVATION       | GUTTERS                |
| FOUNDATION       | DOORS/WINDOWS          |
| CONCRETE         | GARAGE DOORS           |
| FRAMING          | INSULATION             |
| ROOFING          | DRYWALL                |
| BRICK/BLOCK WORK | TRIM WORK              |
| SIDING           | PAINTING               |
| DECKS            | PORCHES                |
| FENCES           | SHEDS                  |
| LANDSCAPING      | TREE SERVICE           |
| SPRINKLERS       | SECURITY/VIDEO SYSTEMS |
| SWIMMING POOLS   | FIRE ALARMS            |
| WATERPROOFING    | OTHER _____            |

**ALL CONTRACTORS** MUST OBTAIN THE PROPER PERMITS **BEFORE** PERFORMING ANY WORK IN THE TOWN OF HEBRON

A GENERAL CONTRACTORS LICENSE IS REQUIRED IN ORDER TO HIRE SUBCONTRACTORS AND SUBCONTRACTORS MUST ALSO BE LICENSED WITH THE TOWN OF HEBRON.

**DOCUMENTS REQUIRED** (THE CONTRACTORS COMPANY INFORMATION MUST MATCH EXACTLY ON BOTH THE CERTIFICATE OF INSURANCE AND THE PORTER COUNTY BOND)

INSURANCE CERTIFICATE (ATTACH)                      EXPIRATION DATE \_\_\_\_\_

RECORDED PORTER COUNTY BOND (ATTACH)                      EXPIRATION DATE \_\_\_\_\_

COPY OF OWNER VALID DRIVER'S LICENSE (ATTACH) EXPIRATION DATE \_\_\_\_\_



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COPY OF WORKERS COMPENSATION CLEARANCE CERTIFICATE, WCE-1  
(IF REQUIRED) (ATTACH) YES NO

THE STATE REQUIRES YOU TO FILE FOR A WORKER'S COMPENSATION CLEARANCE CERTIFICATE.

ANY CONTRACTOR WHO PROVIDES A WORKER'S COMPENSATION CLEARANCE CERTIFICATE MAY NOT HAVE ANY OTHER PERSON(S) ASSISTING THEM ON THE JOB SITE AT ANY TIME.

THE CONTRACTOR'S LICENSE WILL BE IN EFFECT JANUARY 1ST, OR THE DATE OF ISSUANCE, TO DECEMBER 31ST FOR THE YEAR APPLIED FOR. RENEWAL REMINDERS ARE NOT SENT OUT, SO PLEASE MARK YOUR CALENDAR.

THE CONTRACTOR IS RESPONSIBLE FOR SUPPLYING THE TOWN OF HEBRON A CURRENT CERTIFICATE OF INSURANCE AND RECORDED BOND.

MAIL OR DROP OFF THE COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:  
*TOWN OF HEBRON, P.O. BOX 478, 107 N. MAIN ST., HEBRON, IN 46341*

YOU MAY ALSO EMAIL THE APPLICATION AND ALL DOCUMENTS TO [hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org)

IF APPROVED AND YOU HAVE PROVIDED A SELF-ADDRESSED STAMPED ENVELOPE, THE LICENSE AND RECEIPT WILL BE MAILED TO THE CONTRACTOR'S MAILING ADDRESS, OTHERWISE IT MAY BE PICKED UP DURING NORMAL BUSINESS HOURS, MONDAY - FRIDAY 7:30am - 4:00pm. SORRY, NO RETURN EMAILS.

I ACKNOWLEDGE THAT I HAVE **READ** AND **UNDERSTAND** THE REQUIREMENTS LISTED ABOVE. I UNDERSTAND BY ACCEPTING A CONTRACTORS LICENSE FROM THE TOWN OF HEBRON, INDIANA, THE LICENSEE AND ALL EMPLOYEES AGREE TO COMPLY WITH ALL APPLICABLE BUILDING CODES AND THE TOWN OF HEBRON MUNICIPAL CODES.

\_\_\_\_\_  
Owner / Agent Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date