



Office of the City Engineer
222 N. Chauncey Ave., room 102
West Lafayette, IN 47906
Phone: 765-775-5130
engineering@wl.in.gov
www.westlafayette.in.gov

Application for Contractor/ Sub-Contractor Registration

Contractor # _____

Name of Applicant: _____

DBA/ Company Name: _____

Address: _____

City/ State/ Zip: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Type of registration:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Excavation | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Carpentry/ Structural | <input type="checkbox"/> Concrete | <input type="checkbox"/> Plumbing * |
| <input type="checkbox"/> Masonry/ Stone/ Brickwork | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Sign Contractor | | |

* All Plumbing applicants **MUST** provide a copy of their Indiana State Plumbing Contractor's License

Certificate of Insurance Liability attached: Yes No

I, THE UNDERSIGNED, HEREBY DEPOSE AND SAY THAT ALL THE STATEMENTS ON THIS APPLICATION ARE TRUE. I WILL BE RESPONSIBLE FOR COMPLIANCE WITH ALL ORDINANCES AND LAWS IN EFFECT GOVERNING WORK PERFORMED UNDER PERMITS ISSUED BY THE CITY OF WEST LAFAYETTE.

Signature of Applicant _____