



Building Department
222 N Chauncey Ave.
West Lafayette, Indiana 47906
Phone: 765-775-5130
building@westlafayette.in.gov
www.westlafayette.in.gov

Contractor Registration

Name of Applicant: _____

DBA/ Company Name: _____

Address: _____

City/ State/ Zip: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Type of registration:

- General Contractor Excavation Electrical/Solar
 Carpentry/ Structural Concrete Plumbing *
 Masonry/ Stone/ Brickwork Fire Suppression HVAC
 Sign Contractor

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

Contractor Bond attached: Yes No

Certificate of Insurance attached (Excavation and Concrete only): 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: _____

FOR OFFICE USE ONLY

Date received: _____

Contractor ID #: _____