

**OFFICE OF THE BUILDING COMMISSIONER**  
**44 W. Washington Street**  
**Shelbyville, IN 46176**  
**(317) 392-5102**

**\*\*Each application must be accompanied by a certificate of general liability insurance and an original \$10,000.00 surety bond made payable to the City of Shelbyville. Both the bond and the certificate of insurance MUST have expiration dates on them. Registration fee is \$50.00.**

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**BUILDING CONTRACTOR REGISTRATION APPLICATION                      2016**

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**COMPANY INFORMATION**

Applicant's Name \_\_\_\_\_

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

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

License Number \_\_\_\_\_

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**APPLICANT'S PERSONAL INFORMATION**

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Applicant

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**\*For Office Use Only\***

Bond Received \_\_\_\_\_ Proof of Ins. Received \_\_\_\_\_ Status \_\_\_\_\_ Valid Until \_\_\_\_\_