



KOSCIUSKO COUNTY BUILDER/OWNER REGISTRATION FORM

(Please write legible)

Applicant Name _____

Applicant Address _____

City _____ **State** _____ **Zip** _____

Applicant Phone Number _____

Applicant Cell Phone Number _____

Applicant Fax Number _____

Applicant E-Mail _____

(IF DIFFERENT FROM ABOVE)

Contractor Name _____

Contractor Address _____

City _____ **State** _____ **Zip** _____

Contractor Phone Number _____

Cell Phone Number _____ **Fax Number** _____

E-Mail _____

I certify with my signature below that I will comply with all provisions of the State of Indiana Building Codes.

Signature _____

Printed Name _____

Date _____

This form will be kept on file in the Kosciusko County Area Plan Commission Office and must be renewed each year.