



LAKE COUNTY PLAN COMMISSION  
PLANNING & BUILDING DEPARTMENTS  
2293 NORTH MAIN STREET  
CROWN POINT, IN 46307

755-3700  
374-5955  
24 HOUR ANSWERING SERVICE 755-3702  
FAX 755-3712

## MEMORANDUM

**TO:** All Unincorporated Lake County Contractors/License Holders

**FROM:** Steve Nigro, Planning and Building Administrator

**SUBJECT:** Contractor License Renewals for the Year 2021

**DATE:** October 28, 2019

Please note, this is the final year our department will be sending out the Contractor License Renewal Forms that you are receiving. We will not be sending out renewal forms next year for the 2021 license renewal period. It will be your responsibility to manage the status of your license. The renewal forms are available on-line at our web site [www.lakecountyin.org](http://www.lakecountyin.org) and in the Plan Commission office. If you have any questions on the status of your license with our office, contact us at (219) 755-3700.



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### NOTICE TO RENEW CONTRACTORS LICENSE FOR YEAR 2022

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The renewal is for the year 2022. To renew your license, you must complete and return the following items:

1. Complete and return the enclosed renewal forms **including the section verifying your business is located in the proper zoning district if not previously submitted or if your address has changed since last year.**
2. The licensee's signature must be notarized. **ONLY LICENSE HOLDER** can sign renewal form. **PLEASE NOTE: OUR OFFICE NO LONGER WILL BE ABLE TO NOTARIZE ANY DOCUMENTS.**
3. In addition, you must submit a company **check or money order** in the amount of **\$75.00. Please do not send cash.**

Also, please be advised that if you do not include all of the items listed above, your renewal application will not be processed and will be returned to you.

If you have any questions, please do not hesitate to contact this office.

Respectfully,

LAKE COUNTY PLAN COMMISSION

  
Steve Nigro  
Planning and Building Administrator

**RENEWAL APPLICATION for CONTRACTORS LICENSE/REGISTRATION**

Applicant's Name \_\_\_\_\_ License No. \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

(Street Address) (City) (State/Zip)

Business Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

TYPE Of LICENSE (Please circle where applicable – if Specialty, name Specialty)

General - HVAC - Electrical - Plumber - \*Specialty

\*Type of Specialty \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Applicant Affidavit**

In Witness Whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Home Address) (City) (State) (Zip Code)

**Notary**

\_\_\_\_\_, legal resident of \_\_\_\_\_ County, State of \_\_\_\_\_,

(Applicant's Name)

Having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all statements contained in the said answers are true to the best of his/her knowledge and belief.

(Seal) S/S

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

In the County of \_\_\_\_\_, State of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Comm. Expires \_\_\_\_\_

**TO BE COMPLETED BY LOCAL ZONING BOARD**

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting contractor's business at the address cited above.

Signature \_\_\_\_\_ Authorizing Agency \_\_\_\_\_  
(Printed Name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For office Use only:**

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

Renewal Fee Paid \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date \_\_\_\_\_