

City of San Angelo, Texas - Building Permits & Inspections 52 West College Avenue



CONTRACTOR REGISTRATION FORM:

			LLLOTRIOAL			
Section 1: Basic Information						
Business Name	Mailing Address	City	State	Zip Code	E-mail	
Physical Address		City	State	Zip Code		
Home Address		City	State	Zip Code	E-mail Address	
Owner's Name Dri	ver License Number or other Photo	I.D.	State	Class	Date-of-Birth	
Texas Contractor's #	State License #		License Holders Name	Contact Person	Years as a Master Electrician	
Insurance Company Policy Number Expiration Date Agent Provide one contact number to be reached at during normal business hours						
Business:						
If this form is not submitted in person by the license holder, a notarized copy of this application must be submitted along with a copy of a Government issued I.D. Initial the following: It is my responsibility to know and comply with all laws, rules and regulations. I agree to comply with all provisions in the latest adopted City Code of Ordinances . I, the undersigned, have received a copy of the San Angelo City Ordinances related to my field. I must report any changes in my company name, permanent address, business address, business affiliation, or telephone numbers within 30 days. I understand I must have my company name and state license number on both sides of my vehicle in two inch letters as specified in the City of San Angelo Code of Ordinances. I understand it is my responsibility to maintain required insurance, ensure the insurance company provides this office with an original certificate of insurance, not a faxed copy, each year upon renewal which lists the City of San Angelo as the certificate holder, and no permits will be issued if I fail to do so. I understand the Registration and Renewal fee is \$30.00 (cash, check, or credit) and must be renewed annually, January – December and an invoice will be sent out each December. I have submitted a government issued photo I.D. Contractor Signature Date						
	y:			□ Verified Con	nplete Verified Incomplete	
Permit Number:	Issued By	:		Date I	ssued:/	