



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



**CONTRACTOR REGISTRATION FORM:
PLUMBING CONTRACTORS**

Section 1: Basic Information

Business Name _____ Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address _____ City _____ State _____ Zip Code _____

E-Mail Address _____

Owner's Name _____ Additional Authorized Contacts (if applicable) _____

State License # _____ License Holders Name _____

Endorsements: MedGas L.P. Gas Boiler Backflow Tester

Insurance Company _____ Policy Number _____ Expiration Date _____ Agent _____

Provide one contact number to be reached at during normal business hours:

Business: _____ Mobile: _____ Home: _____ Fax: _____

Section 2: Contractor Acknowledgement

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. (with ID number and date of birth redacted)

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 Codes 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 State of Texas Plumbing Licensing Law.
- ___ 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 have submitted a government issued photo I.D. with name and date of birth redacted.

Signature of RMP _____ Date _____ Laminated wallet size I.D. card for \$1.00 YES NO

FOR OFFICE USE ONLY:

Verified Complete Verified Incomplete

Registration Number: _____

Action Needed: _____

Reviewed/Accepted by: _____ Date: ____/____/____

Hours of Operation: 8 AM -12 PM & 1PM – 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits

The State of Texas

County of _____

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20_____

Notary Public, State of Texas

(PERSONALIZED SEAL)

(Print name of Notary Public here)

My commission expires the _____ day of _____, 20_____