



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



**CONTRACTOR REGISTRATION FORM:**

**BUILDING / ROOFING / SIGN / FENCE / POOL**

**Section 1: Basic Information**

Business Name	Mailing Address	City	State	Zip Code
Physical Address		City	State	Zip Code
Home Address		City	State	Zip Code
Owner's Name			E-mail Address	

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 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 my City of San Angelo contractor registration number must be placed on my vehicle in two inch letters, or at each job site clearly visible from the street, as specified in the City's Code of Ordinances.

\_\_\_\_ I understand the Registration and Renewal fee is \$30.00 (cash or check) and must be renewed each calendar year. An invoice will be sent out each December.

\_\_\_\_ I have submitted a government issued photo I.D. with ID number and date of birth redacted.

\_\_\_\_ Laminated wallet size I.D. card for \$1.00  YES  NO

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**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\_\_\_\_