

City of Colleyville

100 Main Street

Colleyville, TX 760

817-503-1030 / 817-503-1039 fax

buildinginspections@colleyville.com

CONTRACTOR REGISTRATION APPLICATION

CR

(please print clearly)

Contractor - Owner Information		Company Information:	
Principal Name:		Company Name:	
Cell Phone:		Company Mailing Address:	
Email:		City / State / Zip Code:	
		Business Phone:	Cell Phone:
		Email:	

Contractor Classification

Check the appropriate contractor classification:

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Pool Contractor	<input type="checkbox"/> Homeowner**
<input type="checkbox"/> Electrical Contractor *	<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/> Solar Energy
<input type="checkbox"/> Mechanical Contractor *	<input type="checkbox"/> Sign Contractor	<input type="checkbox"/> Water Well Drilling Contractor*
<input type="checkbox"/> Plumbing Contractor *	<input type="checkbox"/> Fence Contractor	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Irrigation Contractor*	<input type="checkbox"/> Roofing Contractor	<input type="checkbox"/> 3rd Party Energy Rater
*State Contractor License Number: _____		<input type="checkbox"/> Other _____

****Proof of homestead status must be attached to application to process permit**

Persons within your company that are allowed to apply for or pick up permits

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

I hereby apply for contractor registration and certify that the foregoing information is correct to the best of my knowledge.

Printed Name: _____ Signature: _____ Date: _____

Office Use Only

Initial registration: <input type="checkbox"/> Renewal registration: <input type="checkbox"/>	Date of expiration: _____	Total Fee: <u>\$ \$100.00</u>
COMMENTS: _____		