



### Contractor's Application

Date: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Co. License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance/Bonding Company (\$1000 minimum): \_\_\_\_\_

\*\*\*\*\*Plumbing, Electrical, Mechanical Trades: \*\*\*\*\*

Master License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master License Holder Name: \_\_\_\_\_

*Please list authorized employees to pull permits under your license:*

- 1. \_\_\_\_\_ DL# \_\_\_\_\_
- 2. \_\_\_\_\_ DL# \_\_\_\_\_
- 3. \_\_\_\_\_ DL# \_\_\_\_\_
- 4. \_\_\_\_\_ DL# \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Occupational License Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupational No.: \_\_\_\_\_