



# CONTRACTOR REGISTRATION

## Planning and Permits Department

Applicant Please Complete Items 1-8

Contractor No. \_\_\_\_\_

<p><b>1. FULL NAME</b></p>	<p><b>6. SELECT CONTRACTOR TYPES</b></p> <p><input type="checkbox"/> General Contractor – Home Builder</p> <p><input type="checkbox"/> General Contractor – Other</p> <p><input type="checkbox"/> Irrigation Contractor</p> <p><input type="checkbox"/> Demolition Contractor</p> <p><input type="checkbox"/> Moving Contractor</p> <p><input type="checkbox"/> Fence Contractor</p> <p><input type="checkbox"/> Sign Contractor</p> <p><input type="checkbox"/> Swimming Pool Contractor</p> <p><input type="checkbox"/> Back Flow</p> <p><input type="checkbox"/> Electrical Contractor</p> <p><input type="checkbox"/> Mechanical Contractor</p> <p><input type="checkbox"/> Plumbing Contractor</p>
<p><b>2. BUSINESS NAME</b></p>	<p><b>7. REQUIRED ITEMS CHECKLIST <span style="color: red;">INCOMPLETE APPLICATIONS WILL ONLY BE KEPT FOR 10 BUSINESS DAYS, AFTERWARDS THEY WILL BE SHREDDED.</span></b></p> <p><input type="checkbox"/> A completed copy of this application</p> <p><input type="checkbox"/> A copy of your State Trade License (if applicable)</p> <p><input type="checkbox"/> A copy of your State Drivers License</p> <p><input type="checkbox"/> A copy of Company's General Liability Insurance</p>
<p><b>3. MAILING ADDRESS</b></p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p>	
<p><b>4. PHYSICAL ADDRESS</b></p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p>	<p><b>8. READ AND SIGN</b></p> <p>I hereby certify by my signature below that: 1) I possess and will maintain all required licenses certifying that I am properly credentialed to do the work, 2) I agree to abide by all laws and ordinances governing this type of work whether specified herein or not, and 4) I have read and examined this application and know the same to be true and correct.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>
<p><b>5. CONTACT INFORMATION</b></p> <p>Phone _____</p> <p>Fax _____</p> <p>Mobile (optional) _____</p> <p>Email (optional) _____</p>	

REGISTRATION FEE: \$100.00  
ANNUAL RENEWAL FEE: \$50.00

NOTE: RENEWAL EXPIRES ONE YEAR FROM REGISTRATION DATE. IF NOT RENEWED WITHIN 30 DAYS OF EXPIRATION, RENEWAL FEE IS \$100.00.

TYPE OF PAYMENT:     CHECK                       VISA     MASTERCARD (3% fee for credit card payment)

\_\_\_\_\_  
 Card Number                                      Exp Date                      CSV                                      Billing Zip Code

\_\_\_\_\_  
 Name (Please Print)                                      Cardholder Signature