



Building Inspections

2012 GENERAL CONTRACTOR REGISTRATION FORM

Physical Address: 1001 Cross Timbers Road, Suite 2330

Mailing Address: 2121 Cross Timbers Road

Flower Mound, TX 75028

(972) 874-6355

Registration fee: \$125.00 per license

***Sign Contractor Registration fee: \$75.00

Registration is valid for the 2012 calendar year.

Contractor Type: Commercial Residential Roof Fence Pool ***Sign

(Check all that apply, AND circle your main scope of business)

(New homes/residential remodels)

Business Name: _____

Owner/Officer of the Company*: _____ Title: _____

*(Officer of the company – e.g., President, Vice President, CEO.) This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances. PLEASE ATTACH A CURRENT LEGIBLE (TEXT AND PICTURE) COPY OF THIS PERSON'S DRIVER'S LICENSE, OR IF THE OWNER OR OFFICER DOES NOT POSSESS SUCH A VALID DRIVER'S LICENSE THEN SUCH OTHER IDENTITY CARD OR DOCUMENT ISSUED BY THE FEDERAL OR STATE GOVERNMENT CONTAINING THE PICTURE AND SIGNATURE OF SAID PERSON.

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Fax: () _____

Cell Phone: () _____

Personnel authorized to obtain a permit under this business name (use company letterhead for additional names):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

ORIGINAL Signature of Owner or Officer**

Printed name of Owner or Officer

**THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM FOR YOU OR IF YOU ARE REGISTERING BY MAIL. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT AND YOUR CONTRACTOR ACCESS CODE BY RETURN MAIL. YOUR CONTRACTOR ACCESS CODE WILL BE NEEDED FOR YOU TO SCHEDULE INSPECTIONS ON OUR AUTOMATED SYSTEM. THIS CODE CANNOT BE GIVEN VIA TELEPHONE AND WILL ONLY BE GIVEN OUT AT OUR OFFICE TO THE PARTIES LISTED ON THIS REGISTRATION FORM WITH PROPER IDENTIFICATION. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR. A RENEWAL NOTICE WILL ONLY BE SENT IF YOU PROVIDE US WITH YOUR E-MAIL ADDRESS.

THE STATE OF TEXAS §
COUNTY OF _____ §
BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature of Registrant

Title

Subscribed and sworn to before me, this _____ day of _____ 20____ A.D. to certify which witness my hand and seal of office.

Notary Public - Signature

FOR OFFICE USE ONLY

REVIEWED BY _____
ACCESS CODE GIVEN TO _____

FEE AMOUNT PAID \$ _____

DATE RECEIVED _____

(Revised 11/04/2011)