



Building Inspections

2021 GENERAL CONTRACTOR REGISTRATION FORM

2121 Cross Timbers Road
Flower Mound, TX 75028
(972) 874-6355

Registration fee: \$125.00
***Sign Contractor Registration fee: \$75.00
Registration is valid for the 2021 calendar year.

Please check all that apply, AND circle your main scope of business.

Contractor Type:

- Commercial
 Residential
 (New Homes/Remodel)
- Roof
 Fence
 Pool
 ***Sign
- Other: _____
 (Description Required)

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.

Physical Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Business Phone: () _____ 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

IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSE OF THE OWNER OR OFFICER MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER-MOUND.COM. ALL FEES ARE NON-REFUNDABLE.

IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT. 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.

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 _____ FEE AMOUNT PAID \$ _____ DATE RECEIVED _____