



Building Inspections

GENERAL CONTRACTOR RENEWAL REGISTRATION FORM

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

Registration fee: \$35.00
Registration is valid for 1 year

Check here if you do not wish to be included in the published contractor list

ONLY GENERAL CONTRACTORS RENEWING THEIR CONTRACTOR REGISTRATION WITH NO CHANGES TO THE COMPANY NAME OR OWNER/OFFICER NAME SHOULD USE THIS FORM.

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

Contractor Type: Commercial Residential Roof Fence Pool Sign Other:
(New Homes/Remodel) (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.

FOR OFFICE USE ONLY

REVIEWED BY FEE AMOUNT PAID \$ DATE RECEIVED