



CONTRACTOR REGISTRATION

Incomplete application and/or submittal will delay the review process.

Type of Contractor:

- | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------|
| ☐ General | ☐ Mechanical | ☐ Electrical | ☐ Plumbing | ☐ Pool |
| ☐ Backflow | ☐ Irrigation | ☐ Fire | ☐ Sign | |
| ☐ Moving | ☐ Demolition | ☐ Landscape | ☐ Other | |

Electrical, Mechanical & Plumbing Contractors will not be charged a Registration fee.
All other Contractors will have a \$50.00 Registration Fee.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Master License Holder: _____

License No: _____ Expiration Date: _____

Cell Phone: _____

Email: _____

Authorization to obtain permits under this license

I, _____, hereby authorize the following persons to pull permits under my license/contractor registraion:

Please return applicaion along with all applicable documents to:

Email: permits@cityofboyd.com

Mailing address: P.O. Box 216, Boyd, TX. 76023

Physical address: 731 E. Rock island Ave., Boyd, TX. 76023

Applicant Acknowledgement: I certify by my signature below that I agree to abide by all laws and ordinance governing this type of work whether specified herein or not. I have read and examined this application and know the same to be true and correct.

Please include a copy of Master License, Driver's License and C.O.I (if applicable)

Applicant/Contractor Name (PRINT): _____

Applicant/Contractor Signature: _____ Date: _____

