PO Drawer 400 ● 2665 San Angelo ● Ingleside, TX. 78362
Phone: 361-776-3815 - building@inglesidetx.gov

CONTRACTOR REGISTRATION APPLICATION

Type of Contractor or License

☐ General Contractor ☐ Repair/Remodel ☐ Mechanical ☐ Electrical ☐ Plumbing ☐ Irrigation
☐ Water Well ☐ Fire Systems:_____

General Information

Business Name:
Permit Coordinator Contact Name:
Business Address: City: State/Zip:
Office Phone: Cell Phone: Email:

License Holder's Information

Name:
Phone Number: Email:
State License: Expiration Date:
State Contractor's License (Electrical Contractors) Expiration Date:
Liability Insurance: Expiration Date:

Required Documents

☐ Driver's License (Must be emailed to building@inglesidetx.gov) ☐ State License(s)
☐ Certificate of Insurance with the City listed as a Certificate Holder

License Holder's Signature: _____ Date: _____