CONTRACTOR REGISTRATION

□ General Contractor
□ Concrete Contractor
□ Fire Contractor
□ Plumbing Contractor
□ Irrigation Contractor
□ Fence Contractor
□ Mechanical Contractor
□ Roof Contractor
□ Demolition Contractor
□ Sign Contractor
□ Electrical Contractor

CONTRACTOR INFORMATION

Contractor Name:

Contractor Address: Ste. #:

City/State/Zip:

Email: Phone:

BUSINESS INFORMATION

Contractor Name:

Contractor Address: Ste. #:

City/State/Zip:

Email: Phone:

REQUIRED ITEMS

□ A completed copy of this application
□ A copy of your State Trade License (if applicable)
□ A copy of your State Driver's License
□ A copy of the Company's General Liability Insurance

I hereby certify by my signature below that: 1) I possess and will maintain all required licenses certifying that I am properly credentialed to do the work, 2) I agree to abide by all laws and ordinances governing this type of work whether specified herein or not, and 3) I have read and examined this application and know the same to be true and correct.

Print Name

Applicant Signature Date

Please submit to permits@roanoketexas.com with supporting documents.

City of Roanoke | 500 S. Oak Street | Roanoke, TX 76262 | 817-491-2411