

Applicant Please Complete Items 1 – 8**MAIN CONTACT NAME**

1. _____

BUSINESS NAME

2. _____

MAILING ADDRESS

3. Address _____
 City _____
 State _____
 Zip _____

PHYSICAL ADDRESS (IF DIFFERENT)

4. Address _____
 City _____
 State _____
 Zip _____

CONTACT INFORMATION

5. Phone _____
 Mobile _____
 Email _____

6. SELECT CONTRACTOR TYPES

- ☐ General Contractor / Builder
☐ New Home Builder
☐ Sign Contractor
☐ Pool / Spa Contractor
☐ Electrical Master No. _____ Exp. _____
☐ Mechanical Master No. _____ Exp. _____
☐ Plumbing Master No. _____ Exp. _____
☐ Irrigation Contractor No. _____ Exp. _____
☐ Backflow Tester No. _____ Exp. _____

7. REQUIRED ITEMS CHECKLIST

- ☐ A completed copy of this application
☐ A Certificate of Insurance Binder - Listing City as Holder
☐ A copy of your State Trade License (if applicable)
☐ A copy of your State Driver's License
☐ Driver's License
 Number _____ State _____

8. READ AND SIGN

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 I will do, 2) I understand that I am the person solely responsible for inspections and all related fees and charges, 3) I agree to abide by all laws and ordinance governing this type of work whether specified herein or not, 4) I have read and examined this application and know the same to be true and correct.

 Signature

 Date Signed
Notice:

✓ Incomplete applications will not be accepted

✓ A copy of your current trade licenses required where applicable

✓ A copy of your State Driver's License is required

**EMAIL FORMS AND DOCUMENTS
 TO PERMITS@IOWACOLONYTX.GOV**