



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

REPAIR/REMODEL CONTRACTOR REGISTRATION

Registration Fee \$50 (Per calendar year)

Contractor Code: _____

NAME: _____
(First Name) (Middle) (Last Name)

ADDRESS: _____
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____
(State) (Number)

DATE OF BIRTH: _____ / _____ / _____ CELL PHONE #: (_____) _____
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: _____ BUSINESS PHONE #: (_____) _____
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: _____
(Mailing Address) (City/State/Zip)

Types of Construction: (*Please check one*) Repair/Remodel () Concrete () Masonry () Other () _____

You will need to furnish a copy of the following items to the Building Department for your registration to be completed:

- _____ Valid State Driver's License
- _____ Valid State Driver's License for all people allowed to pull permits for the company

List of people allowed to pull permits for the company:

Name: _____ DL #/ ST: _____

Name: _____ DL #/ ST: _____

Name: _____ DL #/ ST: _____

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: _____ Reviewed By: _____ Date: _____

Expiration Date: December 31, 20_____