

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

## GENERAL CONTRACTOR REGISTRATION

Registration Fee \$135 ( Per Calendar Year )

Contractor Code:			
NAME:			
(First Name)	(Middle)	(Last Name)	
ADDRESS:			
(Mailing Address)	(City	y/State/Zip)	
DRIVERS LICENSE #:	EMAIL ADD	RESS:	
(State)	(Number)		
DATE OF BIRTH://	CELL PHONI	E #: ()	
(Month) (Day) (Year)		(Area Code) (Number)	
BUSINESS NAME:	BUSINESS PHO	ONE #: ()	
(Your Business or Emp	ployer)	(Area Code) (Number)	
BUSINESS ADDRESS:			
(Mailing Address)		(City/State/Zip)	
You will need to furnish a copy of the follow completed:	wing items to the Building I	Department for your registration to be	
Valid State Driver's License Valid State Driver's License for people	e 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:	DL #/ ST:	
I do solemnly swear that I am the person named and de	escribed herein and that the stateme	ents on this registration are true and correct:	
Signature:	Reviewed By:	Date:	

Expiration Date: December 31, 20\_\_\_\_\_.