

**CITY OF SPRINGTOWN
PLANNING AND DEVELOPMENT DEPARTMENT
P O BOX 444 SPRINGTOWN TX 76082
817-220-4834 EXT. 241**

CONTRACTORS REGISTRATION APPLICATION

PLUMBING _____
MECHANICAL _____
ELECTRICAL _____
IRRIGATOR _____

APPLICANT: _____
COMPANY NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE #: _____ CELL #: _____
DRIVER LICENSE #: _____ STATE: _____
MASTER LICENSE #: _____ CITY: _____

MASTER REGISTRATION FEES

FIRST YEAR \$50.00 _____
RENEWAL \$25.00 _____

REGISTRATION REQUIREMENTS

_____ COPY OF CURRENT LICENSE AND INSURANCE
_____ FOR RENEWAL (REGISTRATION & LICENSE MUST NOT BE EXPIRED)
_____ COPY OF DRIVER LICENSE

I TESTIFY THAT THE INFORMATION IS CORRECT AND THAT IF ANY CHANGES IN THIS INFORMATION OCCURS, I WILL NOTIFY THE SPRINGTOWN CODE COMPLIANCE DEPARTMENT WITHIN TEN BUSINESS DAYS OF SUCH CHANGE. I WILL NOT PERFORM ANY WORK WITHIN THE CORPORATE LIMITS OF THE CITY OF SPRINGTOWN UNLESS SAID WORK HAS BEEN AUTHORIZED BY OBTAINING THE REQUIRED PERMIT FOR THE CITY OF SPRINGTOWN. I UNDERSTAND IF I DO THE WORK WITHOUT THE SAID PERMIT, I WILL BE SUBJECT TO ALL FINES AND PENALTIES ADOPTED BY THE CITY OF SPRINGTOWN. I UNDERSTAND THAT THE EXPIRATION DATE FOR THIS REGISTRATION IS ONE YEAR FROM THE ISSUE DATE.

APPLICANT SIGNATURE _____ DATE: _____
APPROVED BY: _____ DATE: _____
RECEIPT #: _____ FEE PAID: _____
CITY REGISTRATION #: _____ EXPIRATION DATE: _____
CHECK #: _____ CASH: _____