



CONTRACTOR REGISTRATION

ANNUAL FEE OF \$75.00

Name of Company Owner:	Name of Company:
Driver's License #	Mailing Address of Company:
State of Issuance:	City / State/ Zip Code:
E-mail Address:	Telephone Number:
	Cell Phone Number:

(Check one that applies)

- General Contractor ⁴
 Electrical Contractor ¹
 Plumbing Contractor ⁵
 Mechanical Contractor ²
 Irrigation Contractor
 Backflow Tester ³
 Roofing Contractor
 Pool Contractor
 Sign Contractor
 House Moving Contractor
 Water/Well Drilling Contractor

Note: (1) State Electrical Contractor and Master License Number _____ Contractor # _____ Master # _____

(2) State License Number _____

(3) TNRCC / Water Supply Protection Specialist Number _____

(4) Includes any sub-contractors not working under general contractor's permit who are obtaining their own permit.

(5) Senate Bill 1354 Applies

The City of Weatherford has adopted the following codes on 1-14-2014 (Ordinance 660-2014-05):

- | | | |
|-------------------------------------|---------------------------------------|-------------------------------|
| 2009 International Residential Code | 2009 International Plumbing Code | 2009 Energy Efficiency Code |
| 2009 International Mechanical Code | 2012 TAS- Accessibility Standards | 2008 National Electrical Code |
| 2009 International Fire Code | 2011 NFPA 58 Liquefied Petroleum Gas | 2009 NFPA 54 Fuel Gas Code |
| 2009 International Fuel Gas Code | NCTCOG/City of Weatherford Amendments | Weatherford Municipal Code |

IF YOUR INFORMATION IS NOT COMPLETE YOUR REGISTRATION WILL NOT BE PROCESSED.

PLEASE SUBMIT THE FOLLOWING:

	Office ✓	Applicant ✓	
			New registration or renewal provide 1-4
1			Minimum \$300,000 Liability Insurance – City of Weatherford Listed as Certificate Holder
2			Copy of State/Master License
3			Copy or Verification of Driver's License
4			Names of Any Employee's Authorized to Sign for and Pick Up Permits 1. _____ 3. _____ 2. _____ 4. _____

I hereby apply for contractor registration with the City of Weatherford and certify that the foregoing information is correct to the best of my knowledge.

Signature: _____ **Date:** _____

City of Weatherford

Planning & Development Department

Credit Card Application

Company Name: _____

Cardholder Name: _____

Cardholder Address: _____

Credit Card #: _____

Expiration Date: _____

3 digit code: _____

Note: American Express is not accepted.

Signature X _____

**** (Payment not received within 48 hours of application the permit will be VOID) ****

If you have any questions or concerns please feel free to contact:

Amy Cox
City of Weatherford
Permit Technician
acox@weatherfordtx.gov