CITY OF AUSTWELL

P.O. Box 147 108 S. Gisler Street Austwell, Texas 77950 e-mail: <u>Austwelltx@tisd.net</u> Telephone: 361-286-3523 Fax: 361-286-3902

CONTRACTORS REGISTRATION APPLICATION

COMPANY INF	FORMATION			
Name of Com	pany:			
Mailing Addre	255:			
Phone:		Fax:	Website:	
Type of Texas	Contractor (che	ck all that apply)	:	
□ Building	Electrical	\Box Irrigation	Mechanical	
Plumbing	🗆 Pool	\Box Roofing	□ Sign	
COMPANY CO	NTACT			
Name:			Title:	
Phone:			Fax:	
Email:				
LICENSE HOLD	DER			
License Holde	r Name:			
License Number:			License Expiration:	
Phone:			Email:	
Mailing Addre	ess:			

Persons Authorized to Purchase Permits with this Registration:

APPLICANT CERTIFICATION

The application certifies by their signature below that they acknowledge that (1) all of the information in this application is accurate and complete; (2) all structural development (including building, electrical mechanical, and plumbing) in the city limits and parts of the extraterritorial jurisdiction requires plan review and permits from the Austwell City Building Official; (3) revocation or suspension of registration may occur if the contractor fails to obtain required permits or inspections, or if Building Official finds the contractor to be grossly negligent in the performance of their work, i.e. the contractor has received six inspection reports for code violations in a rolling six month period, or the contractor's required license, bond, or insurance has expired or been suspended or revoked; and (4) all registrations expire on January 31 of each year.

C	
Signature of applicant:	

Registration	#:
--------------	----

Issued by:

Date Issued: