

CONTRACTOR REGISTRATION



INSPECTION REQUEST LINE
214-644-0779

Office ~ 972-727-8999
Email: permits@lucastexas.us

Building Inspections
665 Country Club Road
Lucas, Texas 75002

Company: _____

Address: _____ City: _____ Zip: _____

Office phone: _____ Mobile: _____ Fax: _____

Email Address: _____ Website: _____

Master/License Holder (if applicable): _____

Master License #: _____ **Exp.:** _____ **D L #:** _____ **Exp.:** _____

Please list the names and driver's license numbers of persons permitted to pull permits for this Master:
(It is the responsibility of the contractor to notify the City of any changes in personnel.)

Authorized Agent/s of Company: _____

CHECKLIST - PLEASE INITIAL:

- _____ **Completed Contractor Registration Form**
- _____ **Copy of State Trade License** (if Applicable)
- _____ **Copy of Driver's License/Government ID**
- _____ **Copy of Company's General Liability Insurance** (the "City of Lucas" must be a certificate holder)
(minimum requirement Bodily injury: \$300,000.00 each occurrence. Property damage: \$100,000.00 each occurrence.)

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE GUIDELINES AS SET FORTH AND THIS REGISTRATION MAY BE REVOKED AND MY PRIVILEGES TO WORK IN LUCAS FORFEITED FOR FAILURE TO COMPLY WITH THE GUIDELINES AND BUILDING CODES OF THE CITY OF LUCAS, TEXAS.

Signature of Contractor or Acting Agent for Contractor

Date

"301" General Contractor Registration	90.00	\$ _____
"301" Mechanical Contractor Registration	90.00	\$ _____
"301" Lawn Irrigation Contractor Registration	90.00	\$ _____
"301" Backflow Tester Registration	45.00	\$ _____
"301" Electrical Contractor Registration	No Charge	\$ _____
"301" Plumbing Contractor Registration	No Charge	\$ _____
Total Registration Amount Due		\$ _____

Received by: _____ Date: _____

Building Inspections

Received Monies From: _____ CC: _____ Check: _____ Cash _____