City of Colleyville		
Colleyville, TX 760	RACTOR REGISTRATION A	PPLICATION CR
817-503-1030 / 817-503-1039 fax	(please print clearly)	<b>-</b>
buildinginspections@colleyville.com		
Contractor - Owner Information Principal Name:	Company Information: Company Name:	
r molpar Name.	company name.	
Cell Phone:	Company Mailing Address:	
Email:	City / State / Zip Code:	
	Business Phone:	Cell Phone:
	Email:	
Contractor Classification		
Check the appropriate contractor classificati	ion:	
General Contractor	Pool Contractor	Homeowner**
Electrical Contractor *	Concrete Contractor	Solar Energy
Mechanical Contractor *	Sign Contractor	Water Well Drilling Contractor*
Plumbing Contractor *	Fence Contractor	Fire Protection
Irrigation Contractor*	Roofing Contractor	3rd Party Energy Rater
*State Contractor License Number:		Other
** Proof of homestead status must	be attached to application to process	permit
Persons within your company that are		ts
1	5	
2	6	
3	7	
4	8	
I hereby apply for contractor registration and	d certify that the foregoing information is	correct to the best of my knowledge.
Printed Name:	Signature:	Date:
Office Use Only		
_	Date of expiration:	
Initial registration: Renewal registratio	n:	Total Fee: <b>\$\$100.00</b>
COMMENTS:		