



P.O. Drawer 400 2665 San Angelo
 Ingleside, TX 78362
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building@inglesidetx.gov

REPAIR/REMODEL CONTRACTOR REGISTRATION

Contractor Registration Fee (\$50)

Contractor Code: _____

NAME: _____
 (First Name) (Middle) (Last Name)

ADDRESS: _____
 (Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____
 (State) (Number)

DATE OF BIRTH: ____ / ____ / ____ CELL PHONE #: (____) _____
 (Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: _____ BUSINESS PHONE #: (____) _____
 (Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: _____
 (Mailing Address) (City/State/Zip)

Types of Construction: (*Please check one*) Repair/Remodel () Concrete () Masonry () Other () _____

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- ____ Valid State Driver's License
- ____ Valid State Driver's License for All Powers of Attorney (People allowed to pull permits for company)

List of Powers of Attorney (People allowed to pull permits for company)

Name: _____ Driver's License Number: _____
 Name: _____ Driver's License Number: _____
 Name: _____ Driver's License Number: _____

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: _____ Reviewed By: _____ Date: _____

Expiration Date: December 31, 20____.