

REGISTRATION FOR CONTRACTORS

(required for all permits & repairs; payment is due upon receipt of application)

DATE _____

1. **GENERAL CONTRACTOR** _____

COMPLETE ADDRESS _____

PHONE _____

EMAIL _____

LICENSE # _____

2. **PLUMBING CONTRACTOR** _____

COMPLETE ADDRESS _____

PHONE _____

EMAIL _____

LICENSE# _____

3. **ELECTRICAL CONTRACTOR** _____

COMPLETE ADDRESS _____

PHONE _____

EMAIL _____

LICENSE# _____

4. **HVAC CONTRACTOR** _____

COMPLETE ADDRESS _____

PHONE _____

EMAIL _____

LICENSE # _____

THIS REGISTRATION REQUIRES A COPY OF \$1 MILLION INSURANCE POLICY WITH THE CITY OF ITALY AS THE CERTIFICATE HOLDER, COPIES OF CURRENT PROFESSIONAL LICENSE AND DRIVERS LICENSE. THERE IS NO FEE TO REGISTER WITH THE CITY.

ADDRESS: ITALY CITY HALL, PO BOX 840, ITALY, TX 76651 PHONE: 972-483-7329 FAX: 833-311-1634

EMAIL: ASutherland@italycityhall.org