

# CITY OF POST OAK BEND

1175 County Road 278 Phone 469-750-7195

Mail Address: PO Box 746, Kaufman, Texas 75142 Email: [admin@postoakbend.com](mailto:admin@postoakbend.com)

Contractor Permit and Registration Application Permit/Registration Fee: \$50.00 Annually

\*\*\* Contractors are required to follow the 2015 International Residential Building Codes, the 2015 International Plumbing Codes, the 2015 International Plumbing Codes, the 2014 National Electrical Codes, City, State & Federal laws. ----- Violations are subject to penalties.

COMPANY NAME: \_\_\_\_\_  
(PLEASE PRINT)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) FAX: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) CELL: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_)

OWNER/RESPONSIBLE PARTY: \_\_\_\_\_  
(Print)

EMAIL ADDRESS – \_\_\_\_\_ Address of Project: \_\_\_\_\_

Homeowner Name \_\_\_\_\_ Ph \_\_\_\_\_

**Place an X by the type of contractor your are:**

**Builder/General Contractor** \_\_\_\_\_

**Swimming Pool** \_\_\_\_\_

**Commercial Builder** \_\_\_\_\_

**Fire Sprinkler (License Required)** \_\_\_\_\_

**Electrical (License Required)** \_\_\_\_\_

**Irrigation (License Required)** \_\_\_\_\_

**Mechanical (License Required)**

**Plumbing (License Required)**

**Fence or sign (If electrical, license required)**

**OSSF (License Required)**

**Backflow Tech Contractors (License Required)**

(Backflow Tech Contractors are approved by Kaufman County and by Rose Hill Special Utility District, as well as calibration reports and backflow reports.)

## REQUIRED ITEMS TO ATTACH:

- Valid Driver's License of company owner and Federal Tax ID # (Color copy preferred)
- **COPY OF** Trade License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- **Current proof of Commercial General Liability Insurance listing City of Post Oak Bend as Additional Insured and Certificate Holder** with note on file to advise City of Post Oak Bend within 10 days from expiration.

Signature of License Holder \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Revised per City Council 2017, and updated code approval January 14, 2020