

CITY OF POST OAK BEND

Physical Address: 1175 County Road 278
Mail Address: PO Box 746, Kaufman, Texas 75142 post oak bend city@gmail.com

Contractor Registration Form

***Contractors are required to follow the 2008 & 2009 International Residential Building Codes, City, State & Federal laws * Violations will be subject to penalty.**
REGISTRATION FEE \$50.00 (Submitted with registration form)

CONTRACTOR COMPANY NAME: _____
(PLEASE PRINT)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) (____-____) FAX: (____) (____-____) CELL: (____) (____-____)

OWNER/RESPONSIBLE PARTY: _____ (Print)

EMAIL ADDRESS – _____ REQUIRED

Address of Project: _____ Homeowner Name _____ Ph _____

INDICATE TYPE OF CONTRACTOR WITH AN X IN BOX:

- BUILDER/GENERAL _____
- SWIMMING POOL
- COMMERCIAL BUILDER
- FIRE SPRINKLER
- ELECTRICAL
- IRRIGATION
- MECHANICAL
- PLUMBING
- FENCE or SIGN
- OSSF
- BACKFLOW TECH CONTRACTORS

STATE LICENSE REQUIRED

- YES {License Required}
- YES (License Required)
- YES (License Required)
- YES (License Required)
- YES (License Required)
- YES (IF ELECTRICAL)
- YES -- License Required
- YES - License Required

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

REQUIRED ITEMS TO ATTACH:

- Copy VALID DRIVER'S LICENSE OF COMPANY OWNER
You may drop off at City or email color copy of license _____
- Copy of VALID TRADE LICENSE # _____ EXPIRATION DATE _____
- Attach current PROOF OF COMMERCIAL GENERAL LIABILITY INSURANCE -- List City of Post Oak Bend as Additional Insured and Certificate Holder. Have note on file with Ins. Co. 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 _____