

**Applicant Please Complete Items 1 – 8****MAIN CONTACT NAME**

1. \_\_\_\_\_

**BUSINESS NAME**

2. \_\_\_\_\_

**MAILING ADDRESS**

3. Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**PHYSICAL ADDRESS ( IF DIFFERENT )**

4. Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**CONTACT INFORMATION**

5. Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**6. SELECT CONTRACTOR TYPES**☐ General Contractor / Builder☐ New Home Builder☐ Sign Contractor☐ Pool / Spa Contractor☐ Electrical Master      No. \_\_\_\_\_ Exp. \_\_\_\_\_☐ Mechanical Master      No. \_\_\_\_\_ Exp. \_\_\_\_\_☐ Plumbing Master      No. \_\_\_\_\_ Exp. \_\_\_\_\_☐ Irrigation Contractor      No. \_\_\_\_\_ Exp. \_\_\_\_\_☐ Backflow Tester      No. \_\_\_\_\_ Exp. \_\_\_\_\_**7. REQUIRED ITEMS CHECKLIST**☐ A completed copy of this application  
☐ A Certificate of Insurance Binder - Listing City as Holder☐ A copy of your State Trade License (if applicable)☐ A copy of your State Driver's License☐ Driver's License

Number \_\_\_\_\_ State \_\_\_\_\_

**8. READ AND SIGN**

I hereby certify by my signature below that: 1) I possess and will maintain all required licenses certifying that I am properly credentialed to do the work I will do, 2) I understand that I am the person solely responsible for inspections and all related fees and charges, 3) I agree to abide by all laws and ordinance governing this type of work whether specified herein or not, 4) I have read and examined this application and know the same to be true and correct.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Signed**Notice:**

☒ Incomplete applications will not be accepted

☒ A copy of your current trade licenses required where applicable

☒ A copy of your State Driver's License is required

**EMAIL FORMS AND DOCUMENTS TO  
RACHEL@IOWACOLONYTX.GOV**