

FEES DOUBLE IF  
WORK IS PERFORMED  
WITHOUT PERMIT  
BEING ISSUED



NON-TRANSFERABLE  
NO REFUNDS  
EXPIRES IN 180 DAYS

# City of Orchard

## CONTRACTOR REGISTRATION FORM

\*\*\*Registration Valid for One Calendar Year (Jan 1 thru Dec 31) \_Must Renew Annually\*\*\*

### TYPE OF CONTRACTOR (PLEASE CHECK ONE)

General \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roofing \_\_\_\_\_  
Sign \_\_\_\_\_ Fire Alarm/Sprinkler \_\_\_\_\_ Irrigation \_\_\_\_\_ Pool \_\_\_\_\_ Other \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING (if applicable)

1. Valid Texas Driver's License
2. Original State License for copying
3. Original State Contractor Registration for copying
4. Certificate of General Liability Insurance showing the City of Orchard, P. O. Box 59, Orchard, TX 77464 as certificate holder (not additional insured).
5. \$100.00 Exact Cash or Check Payable to City of Orchard.

### PLEASE PRINT OR TYPE

State licensed Individual: \_\_\_\_\_ TDL #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License No. (If applicable) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### BUSINESS INFORMATION

Company Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Your Position: \_\_\_\_\_

### LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR INSPECTIONS.

1. \_\_\_\_\_ TDL#: \_\_\_\_\_
2. \_\_\_\_\_ TDL#: \_\_\_\_\_
3. \_\_\_\_\_ TDL#: \_\_\_\_\_
4. \_\_\_\_\_ TDL#: \_\_\_\_\_

### APPLICANT'S PRINTED NAME

Applicant Original Signature

Date

\*\*Reinspection fees are required for failed inspections and must be paid prior to the reinspection.

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