

SUMMIT COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING INSPECTION DIVISION

CONTRACTOR REGISTRATION APPLICATION

Please fill out this application completely. If any portion of this application is not applicable to your business, enter N/A in the appropriate area. All additional information not contained in the application may be submitted on supplemental sheets.

1. COMPANY INFORMATION:

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # (____) _____ - _____ TODAY'S DATE _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

e-mail address _____

FAX# _____ PAGER# _____ MOBILE# _____

2. OWNER NAME/PERSON APPLYING FOR THE REGISTRATION:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ PAGER _____

3. IF THE COMPANY HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE FOLLOWING:

PRESIDENT/OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VICE PRESIDENT/OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SECRETARY/OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. HOW LONG HAVE YOU BEEN IN BUSINESS?: _____

WHERE? _____

*****FOR ELECTRICAL OR PLUMBING CONTRACTORS ONLY: **Answer questions 5 through 8.** Please note that you must be licensed with the state of Colorado to obtain an electrical or plumbing registration with Summit County.

5. **PLUMBERS:** HAVE YOU READ AND ARE YOU FAMILIAR WITH ALL PROVISIONS OF CRS - TITLE 12 ARTICLE 58 WHICH REGULATES PLUMBERS AND PLUMBING IN THE STATE OF COLORADO: YES _____ NO _____

6. **ELECTRICIANS:** HAVE YOU READ AND ARE YOU FAMILIAR WITH ALL PROVISIONS OF CRS - TITLE 12 - ARTICLE 23 WHICH REGULATES ELECTRICIANS AND ELECTRICAL WORK IN THE STATE OF COLORADO? YES _____ NO _____

7. **PLUMBERS:** DO YOU CURRENTLY HOLD A MASTERS PLUMBING LICENSE ISSUED BY THE STATE OF COLORADO? YES _____ NO _____
IF YES, ENTER YOUR STATE MASTERS LICENSE# _____ EXPIRATION DATE _____

8. **ELECTRICIANS:** DO YOU CURRENTLY HOLD AN ELECTRICAL MASTERS AND AN ELECTRICAL CONTRACTOR LICENSE ISSUED BY THE STATE OF COLORADO? YES _____ NO _____ IF YES, ENTER YOUR STATE MASTERS LICENSE: _____ EXPIRATION DATE _____

9. PROVIDE A LIST OF TWO PROJECTS YOU HAVE BEEN INVOLVED WITH. DESCRIBE YOUR PARTICIPATION IN THE COMPLETION OF THIS PROJECT.

PROJECT _____

LOCATION _____

—

JOB ROLE _____

PROJECT _____

LOCATION _____

—

JOB ROLE _____

10. HAVE YOU EVER DEFAULTED ON A CONTRACT?: YES _____ NO _____ IF YES, PLEASE EXPLAIN

11. HAVE YOU EVER OPERATED UNDER ANOTHER COMPANY NAME? YES _____ NO _____ IF YES, PLEASE COMPLETE THE FOLLOWING:
COMPANY NAME _____

STATE OF OPERATIONS _____ FROM _____ TO _____

12. HAVE YOU OR YOUR FIRM EVER DECLARED BANKRUPTCY? YES _____ NO _____ IF YES, PLEASE EXPLAIN.

13. HAVE YOU EVER BEEN INVOLVED IN A LIEN SUIT ON A PROJECT YOU HAVE WORKED ON? YES _____ NO _____ IF YES, PLEASE EXPLAIN.

14. IF YOU HOLD ANY CONTRACTOR, PLUMBER, MECHANICAL, ELECTRICAL OR SUB-CONTRACTOR LICENSES, PLEASE PROVIDE US WITH A COPY OF EACH LICENSE.

15. HOW LONG HAVE YOU MAINTAINED A BUSINESS, OFFICE OR RESIDENCE IN SUMMIT COUNTY? _____ YEARS AND _____ MONTHS

16. PLEASE LIST TWO CREDIT REFERENCES:

NAME _____ PHONE# _____

NAME _____ PHONE# _____

17. I UNDERSTAND THE FOLLOWING:

A. STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION. FALSE OR MISLEADING STATEMENTS MAY BE CASE FOR DISAPPROVAL OR REVOCATION OF CONTRACTOR REGISTRATION.

B. THE UNDERSIGNED VOUCHES FOR THE TRUTH OF ALL STATEMENTS MADE HEREIN AND ON SUPPLEMENTAL PAPERS SUBMITTED HEREWITH.

C. FEES ARE ASSESSED AS FOLLOWS:

*******PLEASE CHECK TYPE OF CONTRACTOR!!!!!!**

	<u>INITIAL FEE</u>	<u>RENEWAL FEE</u>
____ GENERAL CONTRACTOR	\$100.00	\$50.00
____ SUB-CONTRACTOR	\$100.00	\$50.00
____ MECHANICAL CONTRACTOR	\$100.00	\$50.00
____ PLUMBING CONTRACTOR	\$ 25.00	\$25.00

(Plumbing contractors can also
pull mechanical permits.)

_____ ELECTRICAL CONTRACTORS

NO FEES

NO FEES

- D. A CERTIFICATE OF LIABILITY INSURANCE MUST BE PROVIDED TO THE BUILDING DEPARTMENT AT THE TIME OF REGISTRATION. THIS CERTIFICATE OF INSURANCE MUST SHOW SUMMIT COUNTY BUILDING DEPARTMENT LISTED AS THE CERTIFICATE HOLDER. CERTIFICATES MUST ALSO SHOW POLICY NUMBERS, EFFECTIVE DATES, EXPIRATION DATES AND MINIMUM LIMITS OF \$300,000 GENERAL LIABILITY INSURANCE.
- E. I FURTHER CERTIFY THAT IF I TERMINATE MY ASSOCIATION WITH THIS COMPANY, OR FOR ANY REASON CEASE TO BE THE QUALIFYING PARTY, I WILL NOTIFY THE SUMMIT COUNTY BUILDING INSPECTION DIVISION OF THIS FACT, IN WRITING, WITHIN THIRTY DAYS.
- F. I REALIZE THAT A NOTARY MUST WITNESS MY SIGNATURE BEFORE THIS REGISTRATION WILL BE PROCESSED.
- G. I AGREE TO FURNISH THE BUILDING DEPARTMENT WITH A PICTURE I.D. OF THE REGISTRATION HOLDER/LICENSE HOLDER AT THE TIME OF APPLICATION.
- H. I UNDERSTAND THAT THE BUILDING DEPARTMENT MAY REQUIRE PHOTO IDENTIFICATION FROM ALL PARTIES WHO ARE AUTHORIZED TO OBTAIN PERMITS UNDER THIS REGISTRATION/LICENSE.
- I. I UNDERSTAND THAT REGISTRATIONS FOR ALL CONTRACTORS, SUB-CONTRACTORS, MECHANICAL CONTRACTORS AND PLUMBING CONTRACTORS EXPIRES ON DECEMBER 31ST OF THE YEAR THE REGISTRATION WAS ISSUED.
- J. ELECTRICAL CONTRACTOR'S REGISTRATION WILL EXPIRE ON THE SAME DATE THAT THEIR STATE LICENSE EXPIRES.

ON THIS _____ DAY OF _____, 20____, I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

QUALIFYING PARTY

SIGNATURE _____

NOTARY

SIGNATURE _____ DATE _____

MY COMMISSION EXPIRES _____

PLEASE PLACE NOTARY SEAL IN THIS AREA:

APPROVED PERSONNEL FOR SIGNING PERMITS

Date _____

Name of Company _____

Summit County Registration # _____

The following people associated with the above named company have permission to sign for all applicable permits. **Only the people listed will be allowed to pull permits.**

PRINT NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please fax this form to 970-668-4255 or mail to the following address:

Summit County Building Department
PO Box 5660
Frisco CO 80443

THANK YOU