



LICENSE NO \_\_\_\_\_  
**Contractors Registration Application**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Plumbing License #: \_\_\_\_\_ *If applicable, COPY MUST BE ATTACHED*

Electrical License #: \_\_\_\_\_ *If applicable, COPY MUST BE ATTACHED*

**\$100.00 per year**

**Bonding Information:**

Bond Company \_\_\_\_\_ Bond # \_\_\_\_\_

**INSURANCE** (*An active certificate of insurance should be on file with the City of Brazil*)

Insurance Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Insurance Policy Expiration Date: \_\_\_\_\_

I (we) understand that I (we) am/are responsible for obtaining all necessary permits required by the City of Brazil. Also, I (we) am/are responsible to call for all inspections required by the City of Brazil Building Inspector.

Failure to comply will result in the revocation of all permits and a STOP WORK ORDER will be issued by the Building Inspector.

I (we) certify that I (we) am/are familiar with the Brazil Building Code and the rules and regulations regarding building permits and inspections and will abide by them.

**Signature of Authorized Representative:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Registration Year: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Notes: \_\_\_\_\_

FEE: \_\_\_\_\_ Paid: Yes or No Method of Payment: \_\_\_\_\_

Certificate of Insurance on File: YES or NO

License on File: YES or NO

Signature of Planning & Zoning Administrator or Assistant: \_\_\_\_\_