



**One Troyan Drive Meadows Place, Texas 77477**  
 Permit Department 281- 983-2932 (9am-4pm M-F) Fax Number 281- 983-2940  
 Email: permits@cityofmeadowsplace.org

## Contractor Registration Form

**Type of Contractor:** (PLEASE CHECK ONE)

**Registration valid for one year from date of issuance**

General ___	Mechanical ___	Plumbing ___	Electrical ___	Roofing ___
Irrigation ___	BPAT _____	Sign ___	Fire Alarm/Sprinkler ___	Drain Layer ___
Homeowner/Other ___				

Please provide the following:

1. Texas Drivers License
2. Original State License
3. Original State Registration
4. Copy of Insurance Certificate made to the City of Meadows Place faxed or emailed from the **insurance company**.
5. \$100.00 Cash, credit card or check made to the City of Meadows Place

<b>Office Use Only:</b> Registration #: _____ ___ Paid \$ ___ Cash \$ ___ \$Check ___ Mail Expiration Date: _____
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**Please Print or Type**

Licensed Individual:	TDL #:
Home Address:	Phone #:
City: State:	Zip Code:
State License Number (if applicable):	Expiration Date:

**Business Information**

Company Name:	Office Phone #:
Owner Name:	Cell Phone #:
Mailing Address:	Fax #:
City: Zip Code:	Your Position:

Email Address: ___ All permits must be posted on jobsite ___ No contractor signs may be posted on jobsite <b>Initial</b> <b>Initial</b> No Refunds – This registration is non-transferable
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**List Persons Authorized To Purchase Permits Under Your Registration**

1.	TDL #:
2.	TDL #:
Email Address:	

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Liability Insurance:**

All Contractors are required to maintain general liability insurance coverage. The Insurance must have:  
 Public liability Insurance to the extent of \$ 500,000.00 for any one accident and \$100,00.00 for any one person and  
 Property damage insurance to the extent \$ 100,000.00 for any one accident and \$500, 00.00 in the aggregate