



One Troyan Drive Meadows Place, Texas 77477
 Permit Department 281- 983-2932 (8:30am-4:30pm 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

Office Use Only: Registration #: _____ ___ Paid \$ ___ Cash \$ ___ \$Check ___ Mail Expiration Date: _____

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 Initial Initial
No Refunds – This registration is non-transferable

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