

DEPARTMENT OF ECONOMIC DEVELOPMENT Building Inspection Division

385 KIMBARK STREET LONGMONT, CO 80501 303- 651-8332 FAX 303-651-8930



APPLICATION FOR CONTRACTOR LICENSING

1. GENERAL INFORMATION (please type or print)

Contracting Name _____
Phone _____ FAX _____
Address _____ City _____ State _____ Zip _____
E-Mail address _____

Is this a: [] Sole Proprietor [] Corporation [] Partnership [] LLC (check one)
If a partnership, association or corporation, list the name(s), addresses and titles of general partner(s), member(s) of association or officer(s) of the corporation.
If Corporation, please add number: _____

Qualified individual(s) _____ Phone() _____
Address _____ City _____ State _____ Zip _____

2. CLASSIFICATION INFORMATION

License Classification _____ Fee \$ _____
Training/Education/Experience _____
License currently valid in other cities (list classification and city) _____
Have you ever been denied a license or had one revoked or suspended? Yes _____ No _____
If yes, state year and city involved _____

3. TESTING/EXAMINATION REQUIREMENT

Test required? Yes _____ No _____ ICC _____ OR Local _____ Test date _____ Score _____
Insurance filed? Yes _____ No _____ Company _____
Insurance expiration date _____
Workman's compensation insurance required? Yes _____ No _____
If yes, Expiration date _____

4. CONTRACTOR'S RESPONSIBILITY

I hereby agree to be responsible for all work performed under each contract executed, whether the contractor, an employee or a subcontractor performs the work. I will obtain permits prior to any work being performed on the project. If an A, B, or C contractor, I will inform the Chief Building Official at the time a permit is issued of the major subcontractors on the project. I will ensure that all other subcontractors are licensed, if required, for the specialty work they are contracted to do. I understand that the qualified individual's signature is required on all permit applications.

I hereby confirm that the above and foregoing facts are true to the best of my knowledge and that I will notify the Building Inspection Division of any change in my status, company name or address in accordance with Chapter 16.48 of the Longmont Municipal Code.

Applicant _____ Date _____
Qualified Individual _____ Date _____

For Office Use Only:
LICENSE STATUS
[] Approved [] Denied [] Conditional/ Probationary [] Temporary Permit Issuance

Chief Building Official _____ Date _____