



Building Inspections

# 2019 GENERAL CONTRACTOR REGISTRATION FORM

Mailing Address: 2121 Cross Timbers Road  
Flower Mound, TX 75028

(972) 874-6355

Registration fee: \$125.00

\*\*\*Sign Contractor Registration fee: \$75.00  
Registration is valid for the 2019 calendar year.

Please check all that apply, AND circle your main scope of business.

Contractor Type:

Commercial

Residential

(New Homes/Remodel)

Roof

Fence

Pool

\*\*\*Sign

Other: \_\_\_\_\_

(Description Required)

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

Owner/Officer of the Company\*: \_\_\_\_\_ Title: \_\_\_\_\_

\*(Officer of the company – e.g., President, Vice President, CEO.) This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances. PLEASE ATTACH A CURRENT LEGIBLE (TEXT AND PICTURE) COPY OF THIS PERSON'S DRIVER'S LICENSE, OR IF THE OWNER OR OFFICER DOES NOT POSSESS SUCH A VALID DRIVER'S LICENSE, THEN SUCH OTHER IDENTITY CARD OR DOCUMENT ISSUED BY THE FEDERAL OR STATE GOVERNMENT CONTAINING THE PICTURE AND SIGNATURE OF SAID PERSON.

Physical Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Initial here to allow your email address to be included in contractor lists given to the public: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Personnel authorized to obtain a permit under this business name (use company letterhead for additional names):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
ORIGINAL Signature of Owner or Officer

\_\_\_\_\_  
Printed Name of Owner or Officer

**IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSE OF THE OWNER OR OFFICER MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER- MOUND.COM.**

IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT. YOUR CONTRACTOR PASSWORD FOR eTRAKIT CANNOT BE GIVEN VIA TELEPHONE AND WILL ONLY BE GIVEN OUT AT OUR OFFICE TO THE PARTIES LISTED ON THIS REGISTRATION FORM WITH PROPER IDENTIFICATION OR SENT VIA EMAIL TO THE EMAIL ADDRESS LISTED ON THIS REGISTRATION FORM. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR.

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Title

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D., to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public - Signature

FOR OFFICE USE ONLY: REVIEWED BY \_\_\_\_\_ FEE AMOUNT PAID \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_