



Building Inspections

LICENSED CONTRACTOR REGISTRATION FORM

2121 Cross Timbers Road
Flower Mound, TX 75028
(972) 874-6355

Registration fee (Irrigation only): \$35.00
Registration is valid for 1 year.

Check here if you do **not** wish to be included in
the published contractor list

Contractor Type: Master Electrician Master Plumber Irrigation
 Master Sign Electrician Mechanical

Business Name: _____

License Holder*: _____

*The license holder will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances.

Business Physical Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Personnel authorized to obtain a permit under your license (use company letterhead for additional names):

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

ORIGINAL Signature of License Holder**

Printed Name of License Holder

License Holder: Please attach a legible copy (text and picture) of your current driver's license, or if you do not possess such a valid driver's license, then such other identity card or document issued by the federal or state government containing your picture and signature, and current professional license issued by the State of Texas.

****THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM FOR YOU, IF YOU ARE REGISTERING BY MAIL, OR IF YOU ARE REGISTERING BY EMAIL. **IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT..**

****IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSES MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER-MOUND.COM. ALL FEES ARE NON-REFUNDABLE.**

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 _____

(Revised 1/25/2023)