



City of WolfForth
PO Box 36 / 302 Main Street
WolfForth, TX 79382
Contractor Information Form

Contractor Category (please check all that apply):

- | | | | |
|------------------|--------------------------|-------------|--------------------------|
| Building/General | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | Irrigation | <input type="checkbox"/> |
| Heating/AC | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Company Information

Business Name _____ Email _____

Business Address _____

City _____ State _____ Zip _____

Principal Owner _____ Business Phone _____

Please list all persons authorized to apply for/obtain permits

Information on applicable state licenses (please provide a copy of license)

Plumbing Contractors Only

Name of Responsible Master Plumber: _____

Mechanical (Heating and AC) Contractors Only

Name of Principal License Holder: _____

Electrical Contractors Only

Name of Responsible Master Electrician: _____

Irrigation Contractors Only

Names of Licensed Irrigator: _____

Insurance Information (please provide a copy of current CGL Coverage)

Insurance Company: _____

Phone #: _____

The information in this application is accurate and complete at the time of filing. I understand that this information must be updated as needed and any active permits issued hereunder, shall become null and void should my insurance coverage not be kept in force, or should my State license, where applicable, be allowed to expire, any and all permit fees must once again be paid in full for reinstatement.

Signature _____ Date _____