



Contractor Registration Application

Development Services Department
415 N. College Ave., Justin, TX 76247
Email: permits@cityofjustin.com
940-648-2541 Ext. 122

MyGov Contractor ID #: _____

For Inspections:

Email: csellers@cityofjustin.com
Phone: 940-648-2541 Ext. 125
For AM call before 7:30 AM
For PM call before 12:30 PM

Please Select:	<input type="checkbox"/> HVAC	<input type="checkbox"/> Septic Installer
<input type="checkbox"/> General	<input type="checkbox"/> Irrigator	<input type="checkbox"/> Alarm
<input type="checkbox"/> Master Electrician	<input type="checkbox"/> Backflow	<input type="checkbox"/> Pool
<input type="checkbox"/> Master Plumber	<input type="checkbox"/> Roof	<input type="checkbox"/> Other: _____

Company Name

Name of License Holder

Company Address

License # (DL or State License)

Company City/State/Zip

License Expiration (DL or State License)

Phone Number

Email Address

Signature

Please include the following documents with your application:

- ◆ Current Drivers License
- ◆ State issued professional license (if applicable)
- ◆ Proof of General Liability Insurance

All Contractors must submit a current driver's license, proof of general liability insurance, and a state issued professional license if one is possessed. The City of Justin must be noted as the certificate holder on proofs of insurance. All items must be submitted for application to be considered. It is the responsibility of the permit holder to call for an inspection.

****FOR OFFICE USE ONLY****

Fees:

Fee: \$ _____

Date Issued: _____ Expiration Date: _____

Development Services Official: _____

Form Received By: _____ Date Received: _____ Date Paid: _____

Cash CC Check(s) #: _____