

Expiration Date: _____

Contractor ID: _____



415 N. College Ave
Justin, Texas 76247
(940) 648-2541

City of Justin Contractor Registration Form

For Inspections:

Countywide Inspection Service

Email: countyinspections@gmail.com

Phone: (940) 521-0470

Call before 5:00 p.m. for next day inspections

City Inspector: Chuck Sellers (817) 480-5448

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

Company Name

Name of License Holder

Company Address

License # (D.L. or State License)

Company City/State/Zip

License Expiration (D.L. or State License)

Phone Number

Additional Documents:

Driver's License

State License OR Insurance

Signature

All contractors must submit a current driver's license and either proof of general liability insurance OR a state professional license.

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

Form Received By

Date Received

Date Issued

Date Paid

Cash

CC

Check #(s): _____