

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"/> General  | <input type="checkbox"/> Irrigator          | <input type="checkbox"/> Alarm        |
| <input type="checkbox"/> Backflow | <input type="checkbox"/> Master Plumber     | <input type="checkbox"/> Pool         |
| <input type="checkbox"/> HVAC     | <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Roof         |
|                                   | <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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

**Additional Documents:**

- Driver's License
- Insurance AND State License (if applicable)

**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\*\***

\_\_\_\_\_  
Form Received By

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Date Issued

Cash     CC     Check #(s): \_\_\_\_\_