



BUILDING INSPECTION
 385 Kimbark Street, Longmont, CO 80501
 Ph 303-651-8332; Fax 303-651-8930
 www.longmontcolorado.gov

Application for Contractor Licensing

1. GENERAL INFORMATION (please type or print)

Contracting Name _____

Address _____ City _____ State _____ Zip _____
 Phone _____ FAX _____

E-Mail address _____

Is this a: Sole Proprietor Corporation Partnership LLC (check one)

Qualified individual(s) _____ Phone() _____
 Address _____ City _____ State _____ Zip _____

2. CLASSIFICATION INFORMATION

License Classification _____ Fee \$ _____

Training/Education/Experience (Provide previous project experience)

License currently valid in other cities (list classification and city) _____

Have you ever been denied a license or had one revoked or suspended? Yes _____ No _____

If yes, state year and city involved _____

3. TESTING/EXAMINATION REQUIREMENT

Test required? Yes _____ No _____ ICC _____ OR Local _____ Test date _____ Score _____

Insurance filed? Yes _____ No _____ Company _____

Insurance expiration date _____

Workman's compensation insurance required? Yes _____ No _____

If yes, Expiration date _____

4. CONTRACTOR'S RESPONSIBILITY

I hereby agree to be responsible for all work performed under each contract executed, whether the contractor, an employee or a subcontractor performs the work. I will obtain permits prior to any work being performed on the project. If an A, B, or C contractor, I will inform the Chief Building Official at the time a permit is issued of the major subcontractors on the project. I will ensure that all other subcontractors are licensed, if required, for the specialty work they are contracted to do. I understand that the qualified individual's signature is required on all permit applications.

I hereby confirm that the above and foregoing facts are true to the best of my knowledge and that I will notify the Building Inspection Division of any change in my status, company name or address in accordance with Chapter 16.48 of the Longmont Municipal Code.

Applicant _____

Date _____

Qualified Individual _____

Date _____

For Office Use Only:

LICENSE STATUS

Approved Conditional _____

Chief Building Official _____

Date _____