

ATTN CONTRACTORS:

PLEASE REVIEW THE FOLLOWING 2 PAGES.

NOTE: BOTTOM OF 2ND PAGE, THE *TWO MOST RECENT PROJECTS MUST BE DIFFERENT* CONTACTS. ALSO, FOR A NEW LICENSE THERE ARE EIGHT (8) ITEMS REQUIRED.

INCOMPLETE APPLICATIONS <u>*WILL NOT*</u> BE **PROCESSED.**

IF YOU HAVE ANY QUESTIONS ABOUT THE REQUIREMENTS PLEASE CALL OUR BUILDING DEPARTMENT AT (512) 398-3461 ext. 2370

THANK YOU.

BUILDING INSPECTIONS DEPARTMENT

(Office Use)

APPLICATION IS FOR: [] NEW [] RENEWAL § [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION

noncompliance of this o	, do hereby apply to t ec 6-21, passed on July 6, 1993, and any amendments rdinance may cause revocation of my Building Contr ned by me or any representatives of my company, and	s thereto, the same otherwise kno actor's License. I further underst	own as the Building Contractor's and that it is my responsibility	s License section. I acknowledge that to obtain all proper building permits	
1. Full Name		Phone N	umber		
Address	City		State	Zip Code	
Email					
2. Business Name		Phone N	lumber		
Bona Fide Office Addre	ss:	City	State	Zip Code	
Business Email		_			
3. If Corporation or Part	nership, state the full name and address of each corpo	orate officer or partner, and attacl	h a copy of the articles of incorp	poration or partnership papers.	
Name		Phone N	Number		
Street	City	State		Zip Code	
Name		Phone N	Number		
Street	City	State		Zip Code	
4. How long have you b	een at this address?				
If less than five (5) years	s, previous address				
5. Have you or any mem	bers of this partnership or corporation ever received	a Building Contractor's License?	2		
If so, please give date (s) of issuance:	Date(s)	of expiration:		
·	s names, if any, used within the last ten (10) years. Be		-		
7. How long have you b	een in business under this name?				
8. How many years of e	xperience do you have in this business?				
List the most recent two	projects you have completed that are similar to the li	cense class for which you are ap	plying (must be 2 different cont	tacts):	
Date	Address/Location	Property Owner/Contact	Phon	e #	
Date	Address/Location	Property Owner/Contact	Phon	e #	
DATE			SIGNATURE	ATURE	
STATE OF TEXAS		} {			
COUNTY OF Subscribed and sworn to	before me, a Notary Public in and for the State of		his day of,	, 20	
				Notary Public	
DATE:	BUILDING OFF	ICIAL:			

	CLASS	FEE REQUIRED		LICENSE REQUIREMENTS		
ТҮРЕ		NEW	RENEW AL	NEW	RENEWAL	
CITY OF LOCKHART BUILDING CONTRACTOR: For class distinctions see below.	A B C	\$150 \$100 \$50	\$100 \$50 \$25	 Completed & Notarized Application Valid Driver's License or I.D. Card Three (3) Letters of Reference Telephone Verification (<i>Copy of Phone Bill Accepted</i>) Legal Description of Bona Fide Office Partnership Agreement or Articles of Incorporation Bond Applicable New License Fee 	 Completed Application (Notarization not required) Current Bond Applicable <u>Renewal</u> License Fee 	

CITY OF LOCKHART

BUILDING CONTRACTOR CLASSIFICATIONS:

- Contractors qualified to construct, alter, repair, add to, subtract from, improve, CLASS A: convert, or enlarge ANY building, structure, or utility.
- Contractors qualified to construct dwellings containing no more than two (2) residential units; alter, repair, add to, subtract from, improve, convert or enlarge CLASS B: dwellings; repair commercial or industrial buildings.
- Contractors qualified to alter, repair, add to, subtract from, or improve single-family residences; may perform repairs to existing residential, commercial, or industrial CLASS C: buildings where no change or impairment of physical structure is involved.

BUILDING CONTRACTOR - BOND REQUIREMENTS:

If Value (Estimated Cost) of Permit is:	<u>Required Bond is:</u>
\$50,000.00 or more	\$10,000.00
\$15,001.00 to \$50,000.00	\$ 5,000.00
Less than \$15,000.00	\$ 1,000.00

Licensed Movers will carry general liability insurance in the amount of \$250,000.00