



# CITY OF CASTROVILLE

*Little Alsace of Texas*

COMMUNITY DEVELOPMENT DEPARTMENT

703 PARIS STREET

CASTROVILLE, TEXAS 78009

PHONE: (830) 931-4090

SUBMIT TO: PERMITS@CASTROVILLETX.GOV

## Contractor Registration Form

<b>Type of Contractor or License:</b> (Please Check One)		<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Backflow Prevention Assembly Tester*
		<input type="checkbox"/> General Contractor	<input type="checkbox"/> Pool Contractor
		<input type="checkbox"/> Plumbing Contractor	<input type="checkbox"/> Sign Contractor
		<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> Other (specify) _____
<b>Complete Section (Only if Needing to be Added to a Permit)</b>			
Permit Number:	Project Address:		
<b>General Information</b>			
Business Name:			
Permit Coordinator Contact Name:			
Mailing Address:			
City, State, Zip:			
Office Phone:	Mobile Phone:		
Email:			
<b>License Holder's Information</b>			
License Holder:	Mobile Phone:		
Email:			
Driver's License #:	Expiration Date: / /		
State License #:	Expiration Date: / /		
Liability Insurance #:	Expiration Date: / /		
License Holders Signature:		Date: / /	

**PROVIDE COPY OF DRIVER'S LICENSE, STATE LICENSE/REGISTRATION, AND LIABILITY INSURANCE**