



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

Type of Contractor or License:

(Please Check One)

☐ Electrical Contractor

☐ Backflow Prevention Assembly Tester*

☐ General Contractor

☐ Pool Contractor

☐ Plumbing Contractor

☐ Sign Contractor

☐ Mechanical Contractor

☐ Other (specify) _____

Complete Section (Only if Needing to be Added to a Permit)

Permit Number:

Project Address:

General Information

Business Name:

Permit Coordinator Contact Name:

Mailing Address:

City, State, Zip:

Office Phone:

Mobile Phone:

Email:

License Holder's Information

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