



CITY OF LAVON

P.O. Box 340 - 120 School Rd. - Lavon, TX 75166
Office 972-843-4220 - Fax 972-843-0397 - Inspection 972-853-0855

Email: leann.mcclendon@cityoflavon.org

Contractor Registration Application \$50.00 Yearly

Date: _____

Contractor Type:

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Concrete
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fence
<input type="checkbox"/> Electrical	<input type="checkbox"/> Pool Contractor	<input type="checkbox"/> Other:

****You must attach a copy of your current contractor, master, etc. license, a clear copy of your driver's license and any insurance held by the company.****

Company Name: _____

Owner/Officer/License Holder of the company: _____

Title: _____

Officer of the company - President, Vice-President, CEO or license holder. This person will be responsible for seeing that all work being performed under this registration is completed and in compliance with City codes and ordinances. PLEASE ATTACH A CURRENT COPY OF THIS PERSON'S DRIVER'S LICENSE.

Company Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Personnel authorized to obtain a permit under this company name:

ORIGINAL Signature of Owner, Officer or License Holder

Printed Name of Owner, Officer or License Holder

FOR OFFICE USE ONLY

Payment Type:	Ck./Rcpt.#:	Received By:
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