

## **CONTRACTOR'S LICENSE REGISTRATION**

ADAMS COUNTY BUILDING SAFETY DIVISION

4430 South Adams County Parkway Brighton, Colorado 80601 Main Number 720.523.6825 Inspection Line 720.523.6320

## PLEASE SEND FORM & ALL REQUIRED DOCUMENTS TO EPERMITCENTER@ADCOGOV.ORG OR FAX TO (720)523-6967

Date:					Contractor's License-Classification Requested:							
Company Information:												
Company Name:												
Business Address:												
City:							State	:		Zip:		
Mailing Address: Same as above										•	<u>.</u>	
	City:				S			State	:		Zip:	
Company Phone:			Cor				Com	npany \	Website:			<u> </u>
Contact	t Nam	ne:										
Contact Email:		il:		Ca			Con	ntact Phone:				
Owner Name:												
Contractor's License Classification: (A, B, C, D/E)												
Class A		This registration shall entitle the holder to contract for construction, alteration, tenant finish, or repair of any type or size of structure permitted by the International Building Code (IBC) or International Residential Code (IRC).										
Class B	Т	This registration shall entitle the holder to contract for the construction, alteration or repair of multi-family/ townhouses with three or more units per structure as permitted by the IBC or IRC.										
Class C	Т	his registration shall entitle the holder to contract for construction, alteration, or repair of single-family homes and duplexes as permitted by the SC and IRC.										
Class D	/E <sup>T</sup>	This registration shall entitle the holder to contract for the construction, alteration an repair of, but not limited to, garages, barns, basement										
finishes, alterations, decks, remodels, and low voltage wiring as permitted by the IBC or IRC. Authorized Administrators: (Indication of who is allowed to pull and sign for permits)												
Name:										Title:		
Email:										Phone:		
Name:										Title:		
Email:										Phone:		
License Information: (Electrical & Plumbing Licenses Only)												
State Contractor License#:				Expiratio			Expiratior	Date:				
State Master License #:				Maste			Vaster Ex	Expiration Date:				
Driver's License #:				State of Driver's License:								
Insurance Information:												
Genera	l Liabi	ility Pol	licy #:			General Liability Expiration Date:						
<b>REQUIRED DOCUMENTS</b>												
	<ol> <li>A copy of your general liability insurance with Adams County Building Safety as the certificate holder.</li> <li>A copy of your general liability insurance with Adams County Building Safety as the certificate holder.</li> </ol>											
2. A copy of a current license from another jurisdiction OR a copy of your State & Masters License (plumbing and electrical).												

3. A copy of a driver's license of an authorized person from the company or Master License holder.

SIGNATURE: \_\_\_\_\_

\_Date:\_\_\_\_\_

## **INCOMPLETE SUBMITTALS WILL NOT BE PROCESSED**