



# Contractor Registration Form

Return to [Permits@riveroakstx.com](mailto:Permits@riveroakstx.com)

Company Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Master's License: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**A CURRENT CERTIFICATE OF INSURANCE WITH THE CITY OF RIVER OAKS AS CERTIFICATE HOLDER, IS REQUIRED.**

Associates to be allowed to pull permits under this Contractor's License:

Name	Certification
1.	
2.	
3.	

I affirm that the above information is correct. If any change in this information occurs, I will notify the Building Inspection Department within 30-days of such change. I understand no work shall be performed within the City of River Oaks prior to obtaining the required permit from the City of River Oaks. Failure to comply with such requirements is in violation of the City's adopted Building Code and such violations are punishable as provided for in the River Oaks Code of Ordinances. I understand that I must be present for all inspections.

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

FOR OFFICE USE ONLY	
Date of Registration _____	Expiration Date: _____
Approved by: _____	Date: _____