



BUILDING INSPECTION DEPARTMENT

970.668.3170 ph | 970.668.4255 f
www.SummitCountyCO.gov

0037 Peak One Dr. | PO Box 5660
Frisco, CO 80443

TO REGISTER AS A CONTRACTOR:

1. You may now email or fax your application to our office! However, we will **ONLY** except credit card payment by phone or in person. Please do not include that number by fax or email.
2. A Certificate of General Liability Insurance must be provided to the Building Department at the time of registration. This certificate of insurance must show Summit County Building Department listed as the certificate holder. Certificates must also show policy numbers, effective dates, expiration dates and minimum limits of \$300,000 General Liability Insurance.
3. Pay registration fee. Cash, check or credit card.
4. List people on the last page of the application who are allowed to pull permits. These names are company employees only. Name of person turning in this paperwork must be on the list. This person must be an employee of the company, not the homeowner.
5. Person turning in application for the contractor registration must present a photo I.D.

FOR PLUMBERS & ELECTRICIANS:

1. Plumbers and Electricians are required to show their Master's License and their State Contractor's License from the State of Colorado along with their photo I.D. as well as complete the application

FOR ALTERNATIVE ENERGY CONTRACTORS:

1. Alternative Energy Contractors are required to have NABCEP certification and must present a photo I.D. as well as complete the application

CONTRACTOR REGISTRATION APPLICATION

DATE_____

*** PLEASE CHECK WHAT TYPE OF CONTRACTOR YOU ARE REGISTERING AS ***

	INITIAL FEE	RENEWAL FEE
____GENERAL CONTRACTOR	\$100.00	\$50.00
____MECHANICAL CONTRACTOR	\$100.00	\$50.00
____PLUMBING CONTRACTOR	NO FEES	NO FEES
____ELECTRICAL CONTRACTORS	NO FEES	NO FEES
____ALTERNATIVE ENERGY CONTR.	\$100.00	\$50.00

1. **COMPANY INFORMATION:**

COMPANY NAME_____

MAILING ADDRESS_____

CITY_____STATE_____ZIP_____

TELEPHONE # (____) _____-

PHYSICAL ADDRESS_____

CITY_____STATE_____ZIP_____

e-mail address_____

FAX#_____MOBILE#_____

2. **OWNER/PRESIDENT OF COMPANY:**

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

TELEPHONE # (____) _____-

- A. I further certify that if I terminate my association with this company, or for any reason cease to be the qualifying party, I will notify the summit county building inspection division of this fact, in writing, within 30 days.
- B. I agree to furnish the building department with a picture I.D. Of the registration applicant at the time of application.
- C. I understand that the building department may require photo identification from all parties who are authorized to obtain permits under this registration/license.
- D. I understand that registrations for all general contractors, sub-contractors and mechanical contractors expire on December 31st of the year the registration was issued.
- E. Electrical and plumbing contractors ' registrations will expire on the same date that their state license expires.
- F. Alternative energy contractors ' registrations will expire on the same date their NAPCEP certification expires.

Applicant Signature_____

Printed Name_____

APPROVED PERSONNEL FOR SIGNING PERMITS

The following people employed by the above named company have permission to sign for all applicable permits. Only the people listed will be allowed to pull permits.

PRINT NAME

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |