

CONTRACTOR REGISTRATION INFORMATION

PERMITS WILL NOT BE ISSUED UNTIL REGISTRATION IS COMPLETE

1. COMPLETE CONTRACTOR REGISTRATION FORM. FORM MUST BE SIGNED BY MASTER LICENSE HOLDER.
2. REGISTRATION FEE \$100.00. REGISTRATION IS VALID FOR 12 MONTHS FROM PAYMENT DATE.
3. COPY OF CONTRACTOR LICENSE (ELECTRICAL, MECHANICAL, IRRIGATOR, BACKFLOW TESTER) AND COPY OF PICTURE IDENTIFICATION (DRIVER'S LICENSE)
4. BACKFLOW TESTERS WILL ALSO NEED A LETTER STATING THAT THEIR TESTING GAUGES HAVE BEEN CALIBRATED WITHIN THE LAST 12 MONTHS.
5. PROVIDE CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY AND COMPLETED OPERATIONS INSURANCE (\$100,000 MINIMUM COVERAGE) SHOWING THE CITY OF SAGINAW AS CERTIFICATE HOLDER (NOT AN ADDITIONAL INSURED).
6. PAYMENT MAY BE MADE ONLINE ONCE ALL OTHER DOCUMENTATION HAS BEEN RECEIVED. (PAYMENT LINK WILL BE SENT VIA E-MAIL) OR BY CASH, CHECK, VISA, OR MASTERCARD IN PERSON AT 301 S SAGINAW BLVD M-F 7:30 AM – 11:30 AM.

CITY OF SAGINAW
PO BOX 79070
SAGINAW TX 76179

E-MAIL TO: permits@saginawtx.org

FAX TO: 817-232-8565

PHYSICAL ADDRESS FOR BUILDING DEPT:

301 S SAGINAW BLVD
SAGINAW, TEXAS

817-230-0453

City of Saginaw
Permit Department
301 S. Saginaw Blvd.
Bus: 817-230-0453 Fax: 817-232-8565
E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
Permit #: _____
Total Fee: _____
Receipt #: _____

Contractor Registration Application

Contractor Type: _____

Contractor Information

Company Name: _____

Company Physical Address: _____

City: _____ State: _____ Zip: _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Phone Number: _____ Fax: _____

Primary Contact: _____ Email Address: _____

Name of License Holder: _____ License Type: _____

License Number: _____ Exp. Date: _____

Persons Authorized to Pull Permits under the Master License Holder

To be Completed and Signed by the Master License Holder

Signature of Master License Holder: _____	Date: _____	

I testify that the above information is correct and that if any change in this information occurs, I will notify the building inspections department within 10 working days of such change.

Applicant Signature: _____ Date: _____

Printed Name: _____ Date: _____