

CITY OF LAKEWOOD

480 S Allison Parkway-Civic Center North
Lakewood, Colorado 80226-3127

APPLICATION FOR CONTRACTOR'S REGISTRATION

MAIN: 303-987-7500

FAX: 303-987-7979

EMAIL: contractorregistration@lakewood.org

- New Registration
- Renewal - Previous No. _____
- Change of Classification
- Change of Name - Previous Name _____

DO NOT WRITE IN THIS SPACE

Registration No. _____ Class _____

Date of Issue _____

Issuing Clerk _____ Date _____

Fee Paid _____ Receipt No _____

BUILDING OFFICIAL

APPROVED _____

DENIED _____

PROBATION _____

RESTRICTION _____

Firm Name to appear on Registration: _____

Business Address: _____ City: _____

State: _____ Zip Code: _____ Bus Phone: _____ Fax: _____ Emergency: _____

Mail Address (if different): _____ City: _____ State: _____ Zip Code: _____

CLASSIFICATIONS: (CIRCLE ONE)	FEES:			CLASSIFICATIONS: (CIRCLE ONE)	FEES:		
	1 YEAR	2 YEAR	3 YEAR		1 YEAR	2 YEAR	3 YEAR
A. BUILDING				5. Special			
1 Unlimited Commercial	\$150.00	\$275.00	\$400.00	a. Concrete	\$80.00	\$145.00	\$210.00
2 Limited Commercial (Limited to 2-Story)	\$150.00	\$275.00	\$400.00	b. Demolition	\$80.00	\$145.00	\$210.00
3 Residential	\$150.00	\$275.00	\$400.00	c. Drywall-Lath Plaster	\$80.00	\$145.00	\$210.00
4 Commercial/Residential Remodel	\$150.00	\$275.00	\$400.00	d. Elevator	\$80.00	\$145.00	\$210.00
B. PLUMBING (A copy of Colorado State Master's License is Required)	\$150.00	\$275.00	\$400.00	e. Excavation & Grading	\$80.00	\$145.00	\$210.00
C. MECHANICAL	\$150.00	\$275.00	\$400.00	f. Fence	\$80.00	\$145.00	\$210.00
D. MUNICIPAL	\$150.00	\$275.00	\$400.00	g. Masonry & Fireplace	\$80.00	\$145.00	\$210.00
Certificate of Liability Insurance is required and shall list:				h. Roofing & Waterproofing	\$80.00	\$145.00	\$210.00
"the City of Lakewood and its officers and employees as additional insureds"				i. Siding	\$80.00	\$145.00	\$210.00
Please be aware that fees change periodically. Please call 303-987-7500 to verify fee amounts.				j. Sign	\$80.00	\$145.00	\$210.00
				k. Steel-Iron-Sheet Metal	\$80.00	\$145.00	\$210.00
				l. Swimming Pools	\$80.00	\$145.00	\$210.00
				m. Framing	\$80.00	\$145.00	\$210.00
				n. Low Voltage	\$80.00	\$145.00	\$210.00
				o. Miscellaneous	\$80.00	\$145.00	\$210.00
				p. Insulation	\$80.00	\$145.00	\$210.00

Email address of responsible party: _____

Affidavit of Eligibility form (attached), or Articles of Incorporation or a Certificate of Good Standing from the State is required.

The undersigned hereby certifies that the information contained herein is true and further agrees that, if granted a Registration to operate in the City of Lakewood, the Registrant will comply with regulations as set forth in the Lakewood Municipal Code.

This application must be signed by an officer of the company.

Signed: _____ Title: _____

If this application is to be considered on the qualifications of the state Master's License or a supervisor (not a member of the Firm) who is a full-time employee of the applicant, the designated supervisor hereby agrees to perform for the firm with the same responsibility and diligence as though registered himself and further agrees that if his employment is terminated with the Registrant, he will immediately notify the Department of Public Works.

Signed: _____

Date _____

City of Lakewood

You are hereby authorized to accept the following names as those of persons with full authority to sign permit applications for the registrant below and the registrant accepts full responsibility related thereto as fully as if signed by the registrant.

PLEASE TYPE OR PRINT ALL AUTHORIZED NAMES:

1. _____

7. _____

2. _____

8. _____

3. _____

9. _____

4. _____

10. _____

5. _____

11. _____

6. _____

12. _____

REGISTRANT (Firm Name): _____

BY: _____
(Signature of owner or corporate member)

LIST OFFICERS OF FIRM BELOW, INCLUDING MAJOR STOCKHOLDERS IF A CORPORATION

Name

Title

Residence Address

Supervisors Name

Residence Address

Residence Phone

List below contractor's licenses held by firm, members of firm and/or supervisor listed above during the past three (3) years:

Classification	Jurisdiction	License No.	Issued To	Orig. Date of Issue

Have any of the above ever been suspended? Yes No If yes, state details on the reverse side.

Under what name and how long have you been engaged in the work for which you are requesting this license? _____ years

Under what other names, and how long? _____ years; _____ years

As an employee of _____ years; _____ years

List degrees, Certificates, Trade Courses completed, etc., in the work or related work or subjects which you feel enhances your qualifications to perform in the classification for which this license is requested. State name of member of firm holding such Degree, Certificate, etc., if different than applicant signatory to this application.

List below at least 3 completed jobs you have contracted during the past 5 years. State whether contracts were by applicant firm, an individual member of the firm or by a supervisor now in the employment of the applicant firm:

Job Address: _____ Approximate date of completion: _____

Prime contract direct with: Owner Sub-contract with General Contractor

Type of project: _____ Approximate value of your contract: _____

Name, address and telephone number of: Owner Architect General Contractor

Contracted under name of: _____

Firm Member of Firm Supervisor

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Prime contract direct with: Owner Sub-contract with General Contractor

Type of project: _____ Approximate value of your contract: _____

Name, address and telephone number of: Owner Architect General Contractor

Contracted under name of: _____

Firm Member of Firm Supervisor

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Prime contract direct with: Owner Sub-contract with General Contractor

Type of project: _____ Approximate value of your contract: _____

Name, address and telephone number of: Owner Architect General Contractor

Contracted under name of: _____

Firm Member of Firm Supervisor



City of Lakewood

Credit Card Authorization Form

Must be completed to pay registration by fax or e-mail

Date _____

Name of Cardholder _____
(as appears on card)

Company Name _____
(if different from above)

Billing Address for Card _____

Contact Phone Number _____

Card Number **We no longer can take credit card number, expiration date and the CV2 (last 3 digits on back of card) via fax or e-mail. Please call Vonda Weigel, Business Support Specialist at 303-987-7567.**

Visa MasterCard Discover (Please circle one)

Amount of Charge _____

Cardholder Signature _____