# 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: 1 YEAR | 2 YEAR | 3 YEAR |
|---|---|---|---|
| A . BUILDING | | | |
| 1 Unlimited Commercial | $150.00 | $275.00 | $400.00 |
| 2 Limited Commercial (Limited to 2-Story) | $150.00 | $275.00 | $400.00 |
| 3 Residential | $150.00 | $275.00 | $400.00 |
| 4 Commercial/Residential Remodel | $150.00 | $275.00 | $400.00 |
| B. PLUMBING (A copy of Colorado State Master's License is Required) | $150.00 | $275.00 | $400.00 |
| C. MECHANICAL | $150.00 | $275.00 | $400.00 |
| D. MUNICIPAL | $150.00 | $275.00 | $400.00 |

| CLASSIFICATIONS: (CIRCLE ONE) | FEES: 1 YEAR | 2 YEAR | 3 YEAR |
|---|---|---|---|
| 5. Special | | | |
| a. Concrete | $80.00 | $145.00 | $210.00 |
| b. Demolition | $80.00 | $145.00 | $210.00 |
| c. Drywall-Lath Plaster | $80.00 | $145.00 | $210.00 |
| d. Elevator | $80.00 | $145.00 | $210.00 |
| e. Excavation & Grading | $80.00 | $145.00 | $210.00 |
| f. Fence | $80.00 | $145.00 | $210.00 |
| g. Masonry & Fireplace | $80.00 | $145.00 | $210.00 |
| h. Roofing & Waterproofing | $80.00 | $145.00 | $210.00 |
| i. Siding | $80.00 | $145.00 | $210.00 |
| 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 |

Certificate of Liability Insurance is required and shall list:
**"the City of Lakewood and its officers and employees as additional insureds"**
**Please be aware that fees change periodically. Please call 303-987-7500 to verify fee amounts.**

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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
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

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

Job Address: _____ Approximate date of completion: _____

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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** _____

**Visa MasterCard Discover (Please circle one)**

**Amount of Charge** _____

**Expiration Date** _____

**Cardholder Signature** _____

**CV2 Number**_____ **(last 3 digits on back of card)**