CITY OF LAKEWOOD	DO NOT WRITE IN THIS SPACE			
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	Registration No. Date of Issue Issuing Clerk Fee Paid BUILDING OFFICIAL	APPROVED DENIED PROBATION RESTRICTION	Class	
Firm Name to appear on Registration:				

Business Address:				City:					
State:	Zip Code:		Bus Phone:		Fax:		Emergency:		
Mail A	ddress (if different):		City:			State:		Zip Code:	
CLAS	SIFICATIONS:	FEES:			CLAS	SSIFICATIONS:	FEES:		
	I <u>LE ONE)</u> JILDING	<u>1 YEAR</u>	<u>2 YEAR</u>	<u>3 YEAR</u>	<u>(CIR0</u> 5. Sp	<u>CLE ONE)</u> ecial	<u>1 YEAR</u>	<u>2 YEAR</u>	<u>3 YEAR</u>
1	Unlimited Commercial	\$150.00	\$275.00	\$400.00	a. b.	Concrete Demolition	\$80.00 \$80.00	\$145.00 \$145.00	\$210.00 \$210.00
2	Limited Commercial (Limited to 2-Story)	\$150.00	\$275.00	\$400.00	c. d. e.	Drywall-Lath Plaster Elevator Excavation & Grading	\$80.00 \$80.00 \$80.00	\$145.00 \$145.00 \$145.00	\$210.00 \$210.00 \$210.00
3	Residential	\$150.00	\$275.00	\$400.00	f. g.	Fence Masonry & Fireplace	\$80.00 \$80.00	\$145.00 \$145.00 \$145.00	\$210.00 \$210.00 \$210.00
4	Commercial/Residential Remodel	\$150.00	\$275.00	\$400.00	ĥ. i.	Roofing & Waterproofing Siding	\$80.00 \$80.00	\$145.00 \$145.00	\$210.00 \$210.00
C	UMBING (A copy of blorado State Master's cense is Required)	\$150.00	\$275.00	\$400.00	j. k. I. m.	Sign Steel-Iron-Sheet Metal Swimming Pools Framing	\$80.00 \$80.00 \$80.00 \$80.00	\$145.00 \$145.00 \$145.00 \$145.00	\$210.00 \$210.00 \$210.00 \$210.00
C. M	ECHANICAL	\$150.00	\$275.00	\$400.00	n. 0.	Low Voltage Miscellaneous	\$80.00 \$80.00	\$145.00 \$145.00 \$145.00	\$210.00 \$210.00 \$210.00
		\$150.00	\$275.00	\$400.00	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.	7.
2.	8.
3.	9.
4.	10.
5.	
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 Ad	dress		Residence Phone				
	List below contractor's licenses held by firm, members of firm and/or supervisor listed above during the past							
			0 1					
Classification	Jurisdiction	License No.	Issued To	Orig. Date of Issue				
Have any of the above ev	Have any of the above ever been suspended? / Yes / No If yes, state details on the reverse side.							
Under what name and ho	w long have you been engaged in the wo	ork for which you are	requesting this license?	years				
Under what other names, years	and how long?		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 Gene	eral Contractor						
Type of project:		Approxin	nate value of your contract:					
Name, address and telep	hone number of: 🗌 Owner 🛛 Archited	ct 🗌 General Con	tractor					
Contracted under name c	۶.							
	Firm Member of Firm							
Job Address:			proximate date of completion:					
	: Owner Sub-contract with Gene							
Type of project: Approximate value of your contract:								
Name, address and telep	hone number of: Owner Archited	ct 🗌 General Con	tractor					
Contracted under name of	of:							
	Firm Member of Firm	Supervisor						
Job Address:		Apr	proximate date of completion:					
Prime contract direct with	: Owner Sub-contract with Gene	eral 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						



The City of Lakewood now has online payment capability. Once you have emailed or faxed the application, we will email you a link to a secure website for payment. Thank you