

CEDAR HILL



# GENERAL CONTRACTOR REGISTRATION

PLEASE PRINT

Building Inspections Dept.  
972-291-5100 x 1090  
Fax 972-291-7250  
285 Uptown Blvd..Bldg.  
Cedar Hill, TX, 75104

## CONTRACTOR REGISTRATION REQUIREMENTS

Registration Fee \$100.00 which expires at the end of the calendar year.

Color Photocopy of Driver's License

EMAIL TO: [citypermits@cedarhilltx.com](mailto:citypermits@cedarhilltx.com)

Date: \_\_\_\_\_ Contractors # (office use only) \_\_\_\_\_

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email (required) \_\_\_\_\_

Business Owner \_\_\_\_\_

Owner's Driver's License \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Individual Registering (if different from the owner) \_\_\_\_\_

Driver's License \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE ATTACHED INFORMATION REGARDING PERMIT EXPIRATION AND WORK WITHOUT A PERMIT. I HAVE READ AND AGREE TO ABIDE BY THE ATTACHED ORDINANCE REGULATING THE CONDUCT OF CONTRACTORS, AND I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_