



## CITY OF LIBERTY COMMUNITY DEVELOPMENT DEPARTMENT

## CONTRACTOR REGISTRATION FORM

1829 SAM HOUSTON | LIBERTY, TEXAS 77575

936-336-3684 (Phone) | 936-336-9846 (Fax) | Email: [permits@cityofliberty.org](mailto:permits@cityofliberty.org)

All contractors must register with the City of Liberty prior to pulling any permits. Registration must be renewed on an annual basis. There is no fee for any contractor to register with the City of Liberty.

The City of Liberty has adopted the 2018 International Code set.

*CONTRACTOR TYPE	LICENSE TYPE	INSURANCE REQUIREMENT
<input type="checkbox"/> Building/General/Roof/Pool	n/a	n/a
<input type="checkbox"/> Backflow Preventer	State License Required	State Minimum
<input type="checkbox"/> Concrete/Paving	n/a	n/a
<input type="checkbox"/> Electrical Contractor	State License Required	State Minimum
<input type="checkbox"/> Fire Protection	State License Required	State Minimum
<input type="checkbox"/> Homestead**	n/a	n/a
<input type="checkbox"/> HVAC Contractor	State License Required	State Minimum
<input type="checkbox"/> Irrigation Contractor	State License Required	State Minimum
<input type="checkbox"/> Plumbing Contractor	State License Required	State Minimum
<input type="checkbox"/> Septic Installer	State License Required	n/a
<input type="checkbox"/> Sign Contractor	State License Required	State Minimum
<input type="checkbox"/> Other _____		

\* All contractor registrations require a valid government-issued photo ID | \*\* Requires proof of homestead exemption

Company Name: \_\_\_\_\_

Name of License Holder / Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

State License Number: \_\_\_\_\_ State License Expiration: \_\_\_\_\_

Drivers License/ State ID Number: \_\_\_\_\_

**AUTHORIZATION TO PICK UP PERMITS:**

I \_\_\_\_\_ HEREBY AUTHORIZE \_\_\_\_\_ OR  
PRINTED NAME OF REGISTRANT/MASTER LICENSE HOLDER PLEASE PRINT NAME

\_\_\_\_\_ TO PICK UP PERMITS ON MY REGISTRATION/MASTER LICENSE.  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

DATE: \_\_\_\_\_