



FOR OFFICE USE ONLY
PAYMENT CODE:
REG

CITY OF SUGAR LAND
Department of Building Safety

CONTRACTOR REGISTRATION

- GENERAL
 PLUMBING
 MECHANICAL
 ELECTRICAL
 FIRE
 IRRIGATION
 SIGN

COMPANY NAME: _____ PHONE: _____

ADDRESS _____ CITY/STATE _____ ZIP _____

EMAIL ADDRESS: _____ FAX #: _____

STATE LICENSE HOLDER'S NAME: _____
(IF REQUIRED)

STATE LICENSE NO: _____ EXPIRATION DATE: _____

DRIVER'S LICENSE NO: _____ STATE ISSUED: _____
(STATE LICENSE HOLDER OR COMPANY OFFICIAL)

REGISTRATION FEE: \$33.50 (Electrical, Plumbing & Fire Contractors are exempt)

**** REGISTRATION WILL EXPIRE ONE YEAR AFTER DATE OF ISSUANCE ****

NOTE:

1. Please complete a new form if there are any changes to the above information.
2. Revocation or Suspension of Registration
 - Repeated violations of any laws or regulations relating to any construction work (including City Ordinances, City Building Codes or any technical codes)
 - Intentional falsification of registration or permit information
3. Insurance Requirements
 - Proof of general liability insurance of at least one hundred thousand dollars (\$100,000) for any one accident and three hundred thousand dollars (\$300,000) for any one person; and property damage insurance of at least fifty thousand dollars (\$50,000) for any one accident and one thousand dollars (\$1000) for any one piece of property.

I hereby certify that I have read and examined this document and know the same to be true and correct.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (PRINT)

POSITION WITH COMPANY



Insurance Requirements

**Sugar Land Development Code
Chapter 7
Article II. Buildings**

Section 7-16. Code Amendments

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

**Proof of insurance can be faxed to
Department of Building Safety (281) 275-2271**