



Contractor Registration Application

010

Phone: 281-291-5669 Fax: 281-291-8364
1100 Red Bluff Rd. Seabrook, TX 77586 E-Mail: Permits@seabrooktx.gov

Incomplete applications cannot be processed

Grey Boxes for Office Use Only

Business Name, D.B.A., Corp.:	Contractor No.:
	Date Issued:

Street:	Proprietor / Owner:
City, State, Zip:	
Phone No. :	President / CEO/ Other:
E-Mail:	

Names of persons authorized to obtain permit in the name of this company	
1.	4.
2.	5.
3.	6.

Registration Information	Required Documentation
<p>1. Complete Contractors Registration Application</p> <p>2. Proof of Insurance stating the City of Seabrook as a Certificate Holder (Proof of Insurance must be sent directly from the insurance provider. Proof of insurance forms <u>will not be accepted</u> from the contractor or license holder.)</p> <p style="text-align: center;">Minimum Coverage: \$100,000 Occurrence / \$300,000 aggregate</p> <p>3. Color Copy of the Driver's License of the State Licensee or Owner of the Company or being registered.</p> <p>4. Color Copy of State License (Responsible Master) or other required state license (When applicable).</p>	
<p>The Company Owner, Master, or other required license holder for the company (a) may come to the Seabrook Public Works Complex at 1100 Red Bluff Rd. in person, or (b) email the form to complete the registration process and pull the first permit for the company. If this is not possible, a letter of release from the Company's Owner, CEO, or Master, may be submitted to the Building Department. The Letter shall be on the companies letterhead and contain a list of authorized person(s) allowed to pull permits in the company's name or under their Master license.</p>	

Provided Documents:

Copy of State Licensee

Color Copy of Drivers License

Proof of Insurance

Notarized Letter of Release

NOTICE: I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THE TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT'S SIGNATURE

Printed Name:

Phone No.:

Fax No.:

E-Mail:

Additional Comments:

Work may not commence prior to payment and pick up of this registration and any permit.

Failure to obtain a permit prior to commencement of work may lead to the doubling of permit fees

Approved

By: _____ Date: _____



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CONTRACTOR REGISTRATION FEES (Res. No 2003-26), (Res. No. 2007-13)
Contractor's Registration (General Cont. & licensed trades) **\$0.00**

NOTE: Per Texas State Law, Fire, Plumbing, Mechanical and Electrical contractors are not required to pay registration fees but are still required to register in order to pull permits.

Proof of Insurance Example

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 02/20/2020

PRODUCER: [REDACTED]

INSURED: [REDACTED]

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: [REDACTED]
 INSURER B: N/A
 INSURER C: N/A
 INSURER D: N/A
 INSURER E: N/A

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	[REDACTED]	01/05/2020	01/05/2021	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRC. SGT. LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HRED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

ELECTRICAL WORK WITHIN BUILDINGS

CERTIFICATE HOLDER

SEABROOK CITY
 1100 RED BLUFF ROAD
 SEABROOK, TEXAS 77586

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE [REDACTED]

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CERTIFICATE HOLDER

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 1100 RED BLUFF ROAD
 SEABROOK, TEXAS 77586

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