



## CONTRACTOR LICENSE APPLICATION

Community Development Department  
1290 S. Public Road, Lafayette, Colorado 80026

303-661-1451  
Email: buildingpermits@lafayetteco.gov

### TYPE OF CONTRACTOR

<input type="checkbox"/> <b>GENERAL CONTRACTOR</b> <input type="checkbox"/> Class A <b>\$175.00</b> Commercial and Residential <input type="checkbox"/> Class B <b>\$125.00</b> Residential and up to 2,000 sq.ft. Commercial <input type="checkbox"/> Class C <b>\$100.00</b> Residential Construction up to 3,500 sq.ft. <input type="checkbox"/> <b>ELECTRICAL</b> <b>No Fee</b> (Copy of state licenses required)  <input type="checkbox"/> <b>MECHANICAL</b> <b>\$125.00</b> HVAC <input type="checkbox"/> <b>PLUMBING</b> <b>\$150.00</b> (Copy of state licenses required)	<b>SPECIAL CONTRACTOR — \$100.00</b> Other: <input type="checkbox"/> Mobile Home Installer <input type="checkbox"/> Drywall <input type="checkbox"/> Concrete and Form <input type="checkbox"/> Fencing <input type="checkbox"/> Masonry <input type="checkbox"/> Roofing <input type="checkbox"/> House and Building Movers <input type="checkbox"/> Landscaping <input type="checkbox"/> Excavating <input type="checkbox"/> Fire Systems <input type="checkbox"/> Gas Fitter <input type="checkbox"/> Other _____ <input type="checkbox"/> Signs     _____
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BUSINESS NAME (Please Print or Type)	PHONE (REQUIRED)	FAX
BUSINESS MAILING ADDRESS (Street)	BUSINESS TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
City    Zip	IF CORPORATION, LIST PRINCIPAL OFFICER	President
APPLICANT NAME/CONTACT NAME (REQUIRED)	Vice-President	Secretary/Treasurer
EMAIL ADDRESS (REQUIRED)	Supervisor	Supervisor 24-Hour On Call? <input type="checkbox"/> YES <input type="checkbox"/> NO

### INSURANCE REQUIREMENTS

Contractors granted a license under the terms of Chapter 30 of the Code of Ordinances for the City of Lafayette, Colorado, are required to maintain Workman's Compensation Insurance at all times during the term of this license. (Workman's Compensation Insurance is not required if the business has no employees.) General liability insurance is also required with limits of not less than \$100,000 for one person and \$300,000 for any one accident, and property damage insurance with a minimum limit of not less than \$50,000 for any one accident.

#### Insurance Certificate Must Accompany This Application

WORKMANS' COMPENSATION COMPANY (Workman's comp insurance is not required if business has no employees.)	POLICY NUMBER
LIABILITY COMPANY	POLICY NUMBER
INSURANCE AGENT	PHONE NUMBER
MAILING ADDRESS (STREET, CITY, ZIP)	FAX

### NOTICE TO APPLICANT/LICENSEE

The Licensee shall immediately notify the Building Department of any change in business name, address, or ownership. The City has the authority to revoke or suspend this license if any requirements of the Code are violated.

*I certify that the statements made on this application are correct to the best of my knowledge.*

APPLICANT SIGNATURE	TITLE	DATE
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