

NUMBER _____

Fee \$25.00

CONTRACTOR REGISTRATION
BUILDING DEPARTMENT
111 Outwater Lane, Garfield, NJ 07026
973-340-2106

Application for Contractor's Registration

Date _____

1. Classification:

- a. General Contractor
- b. Sub Contractor
- c. Roof/Siding
- d. Demolition
- e. Contractor
- f. Sign/Billboard
- g. Moving Contractor
- h. Miscellaneous

2. Applicant's Name and Address _____

3. Is applicant trading as an individual, partnership or corporation?

4. Applicant's Phone Number _____

5. Corporation:

- a. Corporate Name _____
- b. Business Address _____
- c. Date of Corporation _____

6. Length of time applicant has been in business _____

7. Does applicant carry public Liability Insurance? _____

- a. Name and Address of registered agent _____

- b. Amount of Coverage _____

9. Is Applicant registered in any other town? _____

I, (we) hereby certify that I (we) have read this application thoroughly and agree to conform with the provisions of all local and state regulations concerning building construction.

Sworn and subscribed before me,
This _____ day,
Of _____

Signature of Applicant

I have this day examined this application and find same to be accordance with the building contractor's ordinance in the City of Garfield.

Building Inspector