



**Building Department**  
400 S Ohio Ave, Mercedes, TX 78570

*Contractor's Application*  
Tel. (956) 565-3114 ext. 130  
Fax (956) 565-5184

Date: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Co. License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance/Bonding Company (\$1000 minimum): \_\_\_\_\_

\*\*\*\*\*Plumbing, Electrical, Mechanical trades:\*\*\*\*\*

Master License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master License Holder Name: \_\_\_\_\_

*Please list authorized employees to pull permits under your license:*

- 1. \_\_\_\_\_ DL# \_\_\_\_\_
- 2. \_\_\_\_\_ DL# \_\_\_\_\_
- 3. \_\_\_\_\_ DL# \_\_\_\_\_
- 4. \_\_\_\_\_ DL# \_\_\_\_\_

\*\*\*\*\*

### FOR OFFICE USE ONLY

Occupational License Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupational No.: \_\_\_\_\_