

CITY OF NORTON SHORES
CONTRACTOR'S REGISTRATION

COMPANY NAME: _____

PHONE: _____ MOBILE: _____

FAX: _____ E-MAIL: _____

ADDRESS: _____ ZIP: _____

CONTRACTOR LICENSE #: _____ EXPIRATION: _____

WORKMAN'S COMP. NUMBER: _____

INSURANCE CARRIER: _____

FEDERAL ID NUMBER: _____

EMPLOYEES	LICENSE NUMBERS	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON(S) AUTHORIZED TO SIGN PERMIT AND/OR PLAN REVIEW

ELECTRICAL/FIRE ALARM/SIGN SPECIALTY CONTRACTORS ONLY

MASTER ELECTRICIAN NAME: _____

MASTER LICENSE NUMBER: _____ EXPIRATION DATE: _____

x _____ x _____
SIGNATURE OF CONTRACTOR PRINTED NAME

PLEASE COMPLETE IN FULL FOR OUR RECORDS TO ENSURE THE ISSUANCE OF A PERMIT. WE ALSO NEED A COPY OF YOUR CONTRACTOR LICENSE, INSURANCE AND EMAIL. PLEASE MAIL TO: CITY OF NORTON SHORES, BUILDING DIVISION, 4814 HENRY ST., NORTON SHORES, MI 49441 OR FAX 231-798-7302.