



CITY OF LAREDO

Building Development Services Registration Application Irrigation Contractor

Date _____

A. Business Name: _____ **Owner Name:** _____
Business Address: _____ **Owner Home Address:** _____
City, State & Zip: _____ **Owner City, State & Zip:** _____
Business Telephone: _____ **Owner Telephone:** _____
Business Fax: _____ **Business Email:** _____

B. Officer, Agent or Employee authorized to apply for permits (Other Than Licensee)
Name: _____ **Company Address:** _____
Company Telephone: _____ **Second Telephone:** _____
Fax Number: _____ **Company Email:** _____
Emergency Name:(After hours) _____ **Emergency Number:** _____

C. Certificate of Liability Insurance Company: _____
***General Aggregate Coverage: \$** _____ **Expiration Date:** _____
***Excess/Umbrella Coverage: \$** _____ **Expiration Date:** _____

*City Of Laredo As The Certificate Holder

I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AND ANY MISREPRESENTATION OF FACTS WOULD RESULT IN TERMINATION OF APPLICATION.

Signature: _____ Printed Name: _____ Date: _____

Email application to: bldgpermits@ci.laredo.tx.us