



CITY OF LAREDO

Building Development Services Registration Application Plumbing 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