



**Planning & Building Department**  
 130 S. McKinley Avenue Fort Lupton, CO 80621  
 Phone: 303.857.6694 Fax: 303.857.0351  
[buildingdept@fortluptonco.gov](mailto:buildingdept@fortluptonco.gov)  
[www.fortluptonco.gov](http://www.fortluptonco.gov)

## Contractor License Application

All sections are required to be filled out.  
 Please include this form, insurance and any state certifications required.  
 All licenses expire every December 31<sup>st</sup> of each year.

### CONTRACTED YEAR \_\_\_\_\_

1. Company Information:		
Company Name:	Phone Number:	
DBA:	EIN # or state ID:	
Contact Name:	Phone Number:	
Business Address:	Email address:	
City:	State:	Zip Code:

Same as Business address

Mailing Address:
City: State: Zip Code:

2. Type of License(s)	
Please take note, with the new website "Cascade" you will be assigned a new license number	
<b>Please check <u>all</u> that you are applying for or renewing.</b>	
<input type="checkbox"/> <b>General Contractor-Classes A-C</b> \$150.00	<input type="checkbox"/> <b>Mechanical Contractor-Class M</b> \$75.00
<input type="checkbox"/> <b>Building Contractor-Classes D-E</b> \$75.00	<input type="checkbox"/> <b>Tree Trimmer/ Landscaper</b> \$5.00
<input type="checkbox"/> <b>Electrical Contractor</b> <b>(state certification required)</b> No annual fee	<input type="checkbox"/> <b>Plumbing Contractor-Class P</b> <b>(state certification required)</b> \$75.00 annually
<input type="checkbox"/> <b>House Mover</b> Fee's based off of inspections & mileage	<input type="checkbox"/> <b>Other</b> _____ (Transporters, Architect or Engineers) No annual fee- <b>Insurance not required</b>

3. New or Renewing	
<input type="checkbox"/> New	<input type="checkbox"/> Renewing

4. Authorized Parties	
Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:

**5. Additional Information** - If the insurance expires during the contracted year.  
Account will be put on hold until updated information is provided.

- I do not need workers compensation insurance
- I will submit proof of the required general liability insurance verifying the following limits/coverage
  - Bodily Injury- \$ 300,000.00
  - Property Damage- \$ 100,000.00

**Disclaimer & Signature**

Licenses will not be issued until the City receives copies of proof for both General Liability Insurance and Workers Compensation Insurance (if applicable). The City of Fort Lupton must be the Certificate Holder.

I further understand that I must apply for and have a building permit prior to commencing any work within the City Limits of Fort Lupton. I also understand that if I, or any agent of my company, fail to abide by the regulations of the City of Fort Lupton it could result in my receiving a Summons and/or the revocation of my contractor license.

Print Name:

Signature:

Date:

**Affidavit for lawful presence verification**

I, \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Print Name:

Signature:

Date:

**Office Use Only**

- Insurance
- State Certifications (if applicable)
- Paid

Comments: