



CITY OF PORT ARANSAS

710 W. AVENUE A  
PORT ARANSAS, TEXAS 78373-412  
361-749-4111  
FAX 361-749-1645

CONTRACTOR APPLICATION

**ABEL CARRILLO**  
Building Official

acarrillo@cityofportaransas.org  
(361) 749-4111  
Fax (361) 749-4723  
Cell (361) 815-8195

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

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Fax # \_\_\_\_\_ Mobile # \_\_\_\_\_

Print or Type

First Name	Middle Name	Last Name		
Resident Address	City	State	Zip	
Company Name	Address	City	State	Zip
DOB: MO/DD/YY	Sex	Driver's License#	State	

**Contractor registration is valid from January 1<sup>st</sup> – December 31<sup>st</sup> of each year.  
Registration fee amount is \$100.00 – Except for plumbers**

Type of License You Are Applying For:

\_\_\_\_ General \_\_\_\_ Remodel/Repair \_\_\_\_ Painting/Siding \_\_\_\_ Roofing  
\_\_\_\_ Sign \_\_\_\_ Concrete/Swimming Pool \_\_\_\_ Electrical  
\_\_\_\_ Mechanical \_\_\_\_ Irrigation \_\_\_\_ Backflow \_\_\_\_ Plumbing (No Charge)

Master Electrician License # _____	Expiration Date: _____
Electrical Contractor License # _____	Expiration Date: _____
AC & Refrigeration License # _____	Expiration Date: _____
Master Plumbing License # _____	Expiration Date: _____
Irrigation License # _____	Expiration Date: _____
Backflow License # _____	Expiration Date: _____

I understand when a permit is required for the construction, installation or repair of buildings, structures, or fire protection, electrical, gas, mechanical or plumbing systems or any other purpose, it is my responsibility to conform to all City of Port Aransas Codes which includes all applicable technical codes and all related federal and state regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You must have a Certificate of Liability Insurance showing the City of Port Aransas as the Certificate Holder OR a \$5000.00 minimum Surety Bond.