



**City of McCook**  
**Building & Zoning Department**  
 505 West C Street • PO Box 1059  
 McCook, NE 69001  
 (308) 345-2022 • (308) 345-1461 fax  
[bldginsp@cityofmccook.com](mailto:bldginsp@cityofmccook.com)  
[www.cityofmccook.com](http://www.cityofmccook.com)

New License \_\_\_\_\_

Renewal License \_\_\_\_\_

## 2018 Contractors License Application

(Registration expires December 31<sup>st</sup> of each calendar year EXCEPT Arborist Licensing expires April 30 the following calendar year)

Complete and return the application along with the appropriate fees to the City of McCook.

Company Name: \_\_\_\_\_  
 (Must match name and address on Certificate of Insurance)

Mailing Address: \_\_\_\_\_  
City State Zip

Physical Address: \_\_\_\_\_  
City State Zip

Phone: (     ) \_\_\_\_\_ Primary contact? Yes/No

Cell: (     ) \_\_\_\_\_ Primary contact? Yes/No

Email: (optional) \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 YOU MUST PROVIDE A COPY OF YOUR LIABILITY INSURANCE WHEN APPLYING FOR YOUR LICENSE

\*\*The City of McCook must be listed as the Certificate Holder of liability insurance, including projects and completed operations for \$300,000 or more per occurrence, per license type.  
 \*\*If for any reason your Insurance is not current or has expired, your license with the City of McCook will be revoked.

**Model Codes**  
 2012 IBC, IRC, IPC, IMC, IFGC, IEBC, IECC

License No: \_\_\_\_\_  
 (Office use only)

***COMPLETE INFORMATION ON BACK***

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**Applicant's Statement**

I certify that the information contained herein is true and accurate to the best of my knowledge. I agree to comply with all City ordinances and codes and to hold the City harmless on any damages that may arise from faulty performance or neglect of duty on my part.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\*\* Please choose the type of license in which you are applying.

\*\* Print names in the appropriate categories (If applicable). (Attach extra sheet if necessary)

GENERAL CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

SIGN CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

DEMOLITION CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

ROOFING CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

BUILDING MOVING CONTRACTOR  
(\$75) \_\_\_\_\_  
RENEWAL (\$25)

ARBORIST (\$75) \_\_\_\_\_  
EFFECTIVE 5/01/18 THRU 4/30/19

PLUMBING CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

MASTER

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

JOURNEYMAN

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

MECHANICAL CONTRACTOR (\$75) \_\_\_\_\_  
RENEWAL (\$25)

MASTER

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

JOURNEYMAN

CEU'S/TEST SCORE

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

QUALIFICATIONS – List education, training, experience and any jurisdictions you have been licensed. Include names and qualifications of all persons employed working under this license. (Attach extra sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Office Use Only**

**City Staff Review** – The undersigned have reviewed this application:

Building and Housing Code Advisory and Appeals Board: ( ) Approved ( ) Disapproved

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

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

IF THIS APPLICATION HAS BEEN DISAPPROVED, STATE ALL REASONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_