



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
www.cityofmccook.com

2025
Contractor's License Application
(License expires December 31st of each calendar year)

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: _____

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 one million (\$1,000,000) dollars 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.

Adopted Model Codes
2018 IBC, IRC, IPC, IMC, IFGC, IEBC, IECC

License No: _____
(Office use only)

Applicant's Statement

I acknowledge that this application will be considered by the Building Inspector and the Building and Housing Code Advisory and Appeals Board (if necessary) and 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.

Applicant Name (Print): _____

Signature of Applicant

Date

*** Building Contractor License**

General Contractor Building Contractor Residential Contractor

*** Skilled Trade License**

Plumbing (Master) Plumbing (Journeyman) Plumbing (Apprentice)

Mechanical (Master) Mechanical (Journeyman) Mechanical (Apprentice)

Limited Contractor License

Concrete Demolition Excavation Fencing

Roofing Sign Structure Moving

* Requires proof of passing the ICC exam (New license).

Number of years engaged in such work: _____

QUALIFICATIONS – List education, training, experience and any jurisdictions you have been licensed. (Attach extra sheet(s) if necessary)

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:
