



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

New License _____

Renewal License _____

2018 Contractors License Application

(Registration expires December 31st 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

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)

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:

