



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

2023
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 of 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

Number of years engaged in such work: _____

(See Contractor’s License Fees and Requirements sheet for additional information)

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:

