



Code and Zone Department

Contractor Registration Application

Reg # _____

Date _____

Please complete this form and provide the required documents (listed below) to be added to the City of Forest registered contractor's database. Completed forms can be submitted in person at the Code and Zone office located at 105 East 1st Street, Forest, MS. 39074, or mailed to Code and Zone, PO Box 298, Forest, MS. 39074.

Registration Types:

The City of Forest requires that the following types of contractors/trades be registered before a permit can be issued (check all that you are applying to register for).

\$50.00 Registration fee applies to each

<input type="checkbox"/>	General Contractor
<input type="checkbox"/>	Residential Contractor
<input type="checkbox"/>	Remodel Contractor
<input type="checkbox"/>	Mechanical Contractor
<input type="checkbox"/>	Electrical Contractor
<input type="checkbox"/>	Plumbing Contractor
<input type="checkbox"/>	Other

Documents Required:

_____ Completed registration form (a new form shall be completed annually or whenever there has been a change within the registering company).

_____ Copy of a valid license issued by the State of MS.

_____ Declaration Page of the General Liability Policy with the City of Forest as the certificate holder.

_____ Contractors Bond in the amount of \$5,000.00 payable to the City of Forest, MS conditioned upon such contractor complying with all ordinances and regulations of the City, and the statutes of the State of MS.

_____ Annual registration fee of \$50.00, payable to the City of Forest (per registered trade).

_____ Applicant must present photo ID in person.

Authorized Signers:

Complete the section below for authorized users, sign and date.

Company Name: _____ Owner: _____

Email address: _____

License Holder's Name: _____

License number _____ Issued by: _____ Exp. _____

Date _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Cell # _____ Fax # _____

Persons who are authorized to pull permits: (leave blank if no one is authorized but the license holder) (1) _____

(2) _____

(3) _____

License Holder's Signature

Date

OFFICE USE ONLY

REVIEWED BY: _____

Code & Zone Officer

Date

APPROVED _____ Declined _____

NOTES:

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