



Contractor Registration

Eldridge City Hall, Dept of Building Safety
305 N 3rd Street
Eldridge Iowa, 52748

Type of Contractor: _____	
Business Name _____	Business Phone: _____
Address: _____	E-Mail _____
City: _____	State: _____ Zip: _____
Owner/Primary Contact Name: _____	
Address (if different) _____	City: _____ State: _____ Zip: _____
State of Iowa Registration # _____ Expiration Date: _____	
Permits may only be obtained by persons listed below, Subcontractors are not authorized agents. Employees or officers authorized to purchase permits as representatives of your company.	
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
There is a \$75.00 fee required for all contractors. Exception– fees are not required for mechanical, electrical or plumbing contractors that are registered with the State of Iowa.	
Date: _____	Amount: _____ Cash: _____ Check #: _____
The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.	
Signature of Owner, Contractor or Authorized Agent _____	Date _____