

LICENSE#: CON- \_\_\_\_\_ - \_\_\_\_\_

CITY OF \_\_\_\_\_



Planning & Building

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 Fort Lupton, CO 80621 Fax: 303.857.0351  
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**2021 CONTRACTOR LICENSE APPLICATION**

**ALL CONTRACTOR LICENSES EXPIRE DECEMBER 31, 2021**

**ALL SECTIONS ARE REQUIRED TO BE FILLED OUT.**

**Contractors licenses; can now be filled out on line. Please include this form, insurance and any state certifications required.**

**1. APPLICANT INFORMATION- (Incomplete applications will not be accepted)**

BUSINESS NAME	NAME	PHONE	
	EIN OR TAX ID #		
BUSINESS ADDRESS	CONTACT PERSON	PHONE	
	EMAIL		
BUSINESS ADDRESS	ADDRESS	UNIT/SUITE#	
	CITY	STATE	ZIP CODE
	MAILING ADDRESS		
o SAME AS BUSINESS ADDRESS	ADDRESS	UNIT/SUITE#	
	CITY	STATE	ZIP CODE

**2. TYPE OF LICENSE**

**PLEASE CHECK ALL LICENSES YOU ARE APPLYING FOR OR RENEWING.**  
**PLUMBING AND ELECTRICAL CONTRACTOR LICENSES REQUIRE SUBMITTAL OF MASTER LICENSE.**

<input type="radio"/> GENERAL CONTRACTOR (NEW CONSTRUCTION) \$150.00	<input type="radio"/> ELECTRICAL (STATE CERTIFICATION(S) REQUIRED) NO ANNUAL FEE
	<input type="radio"/> PLUMBING (STATE CERTIFICATION(S) REQUIRED) \$75.00
<input type="radio"/> HVAC (HEATING, VENTILATING AND AIR CONDITIONING) \$75.00	<input type="radio"/> TREE TRIMMING \$5.00 PER CALENDAR YEAR
	<input type="radio"/> HOUSE MOVER FEE(S) BASED OFF OF INSPECTIONS & MILEAGE

3. NEW OR RENEWING			
<input type="radio"/> NEW CONTRACTOR	<input type="radio"/> RENEWAL		
IF RENEWING, PLEASE LIST CONTRACTOR LICENSE(S)# BELOW			
CON-_____		CON-_____	
CON-_____		CON-_____	
CON-_____		CON-_____	
CON-_____			
3. AUTHORIZED PARTIES			
<b>ANY AGENT OF A COMPANY THAT FAILS TO ABIDE BY THE REGULATIONS OF THE CITY OF FORT LUPTON COULD RESULT IN THE ISSUANCE OF A SUMMONS AND OR/ THE REVOCATION OF A CONTRACTOR LICENSE</b>			
<input type="radio"/> Not Applicable		PLEASE LIST WHO IS AUTHORIZED TO APPLY FOR PERMITS	
NAME		TITLE	
EMAIL		PHONE	
NAME		TITLE	
EMAIL		PHONE	
NAME		TITLE	
EMAIL		PHONE	
4. ADDITIONAL INFORMATION			
PLEASE ANSWER THE FOLLOWING			
<input type="radio"/>	I DO NOT NEED WORKERS COMPENSATION INSURANCE		
<input type="radio"/>	I WILL SUBMIT PROOF OF THE REQUIRED GENERAL LIABILITY INSURANCE VERIFYING THE FOLLOWING LIMITS/COVERAGE: <ul style="list-style-type: none"> <li>BODILY INJURY - \$300,000.00</li> <li>PROPERTY DAMAGE - \$100,000.00</li> </ul>		

**DISCLAIMER & SIGNATURE**

**Licenses will not be issued until the City receives copies of proof for both General Liability Insurance and Workers Compensation Insurance (if applicable). The City of Fort Lupton must be the Certificate Holder.**

**I further understand that I must apply for and have a building permit prior to commencing any work within the City Limits of Fort Lupton. I also understand that if I, or any agent of my company, fail to abide by the regulations of the City of Fort Lupton it could result in my receiving a Summons and/or the revocation of my contractor license.**

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PRINT  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**AFFIDAVIT FOR LAWFUL PRESENCE VERIFICATION**

I, \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

I am a United States citizen.

I am not a United States citizen but I am a Permanent Resident of the United States.

I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

PRINT  
NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_