

SHENANDOAH COUNTY
DEPARTMENT OF BUILDING INSPECTIONS
600 North Main Street Suite 107
Woodstock, VA 22664
540-459-6185

APPLICATION FOR SHENANDOAH COUNTY CONTRACTOR'S LICENSE

Date _____

Name of Applicant _____

Applicant's Trade Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax Number _____

Status of Business:

Sole Proprietor

Partnership

Corporation

Are you currently licensed with the Commonwealth of Virginia Yes No

If yes, check one of the following:

Class B Contractor Number _____

Class C Contractor Number _____

Provide a copy of your Virginia Contractor's License or Certificate
If no, Sign affidavit verifying no work done over \$1000.00 per job

Check below the type(s) of contracting for which license is desired

- | | | | | | | |
|--------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> BLD | <input type="checkbox"/> ELE | <input type="checkbox"/> H/H | <input type="checkbox"/> HVA | <input type="checkbox"/> PLB | <input type="checkbox"/> ALS | <input type="checkbox"/> AES |
| <input type="checkbox"/> ASB | <input type="checkbox"/> PAV | <input type="checkbox"/> BSC | <input type="checkbox"/> BEC | <input type="checkbox"/> CIC | <input type="checkbox"/> CEM | <input type="checkbox"/> ESC |
| <input type="checkbox"/> EEC | <input type="checkbox"/> EMW | <input type="checkbox"/> ENV | <input type="checkbox"/> EMC | <input type="checkbox"/> FIC | <input type="checkbox"/> FAS | <input type="checkbox"/> SPR |
| <input type="checkbox"/> FSP | <input type="checkbox"/> GFC | <input type="checkbox"/> HIC | <input type="checkbox"/> ISC | <input type="checkbox"/> LSC | <input type="checkbox"/> LAC | <input type="checkbox"/> LPG |
| <input type="checkbox"/> MCC | <input type="checkbox"/> BRK | <input type="checkbox"/> MSC | <input type="checkbox"/> NGF | <input type="checkbox"/> PES | <input type="checkbox"/> PTC | <input type="checkbox"/> RMC |
| <input type="checkbox"/> RFC | <input type="checkbox"/> REF | <input type="checkbox"/> ROC | <input type="checkbox"/> SDS | <input type="checkbox"/> POL | <input type="checkbox"/> VCC | <input type="checkbox"/> WWP |
| <input type="checkbox"/> OTHER | _____ | | | | | |

Fee \$35.00

**IF APPLYING FOR A LICENSE FOR ELECTRICAL, PLUMBING, OR HVAC;
PLEASE GIVE NAME, LEVEL, AND TRADE OF EACH CERTIFICATE HOLDER:**

<u>NAME</u>	<u>NUMBER</u>	<u>LEVEL</u>	<u>TRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF A PARTNERSHIP; PLEASE COMPLETE THE FOLLOWING:

<u>NAME OF EACH PARTNER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

IF A CORPORATION; PLEASE COMPLETE THE FOLLOWING:

Has the corporation qualified to do business in Virginia in accordance with the laws of The Commonwealth of Virginia? YES Date _____ NO

Name of Principal Officers:

President _____ Vice-President _____
Secretary _____ Treasurer _____

Are any of the principals of the applicant business also principals in any other corporation, partnership, association, firm or joint venture? YES NO

If Yes, Name of Business _____

I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(APPLICANT'S SIGNATURE)

(DATE)

OFFICE USE

NEW RENEWAL APPROVED NOT APPROVED

RECEIPT NUMBER: _____

TOTAL FEE: _____

(CODE OFFICIAL)

(DATE)