



Town of Estes Park
Division of Building Safety
Building Contractor License Application

Date Rec'd _____

Rec'd By _____

BCL-____-____-____

Town Bus. Lic. # _____

170 MacGregor Ave, PO Box 1200, Estes Park, CO 80517 Phone: 970-577-3728 Fax: 970-586-0249 www.estes.org

Type of License Requested: [] Class A [] Class B [] Class C [] Gas [] Jobbers [] Mechanical [] Special

Qualification Options: #1 - Renewal #2 - Reciprocal #3 - Test-Based #4 - Experience-Based

(Circle one option, then follow instructions for either #1, #2, #3, or #4 below. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

Copy of Town Business License must be submitted with this application.
License must be for the same year the contractor license will be valid.

#1 Complete this section and sign at bottom of page. Make changes if necessary.

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Name of Applicant: _____

Phone: Cell # _____ Office # _____ Fax # _____

Email address: _____

Verification of Building Contractor Qualifications:

#2 Reciprocal: [] Class A [] Class B [] Class C [] Other (specify) _____

Name of Jurisdiction: _____

Attach separate sheet for other jurisdiction's licenses

ATTACH COPY OF LICENSE(S)

#3 Test-Based: [] Class A [] Class B [] Class C [] Other (specify) _____

ATTACH COPY OF TEST RESULTS

Also, please list three (3) references of jobs completed. Use the Building Permit section below.

If in another jurisdiction other than the Town of Estes Park, must attach copies of the permit and Certificate of Occupancy or final inspection documentation for each job.

#4 Experience-based: Please list ten (10) references of jobs completed:

If in another jurisdiction other than the Town of Estes Park, must attach copies of the permit and Certificate of Occupancy or final inspection documentation for each job.

Table with 4 columns: Building Permit #, Address of Job, City, Owner's Name. Rows 1-10.

Have you or has your business ever had a contractor license revoked or suspended? [] Yes [] No

If yes, please provide statement on where and why license was revoked or suspended. (Attach separate sheet)

Person(s) designated to apply for Building Permits on behalf of licensed contractor: (Attach separate sheet if more than three)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

I have read and agree to abide by the requirements contained in the contractor resolution. I understand that providing any incorrect or misleading information is grounds for denial of the license, and that incomplete applications or project forms will not be accepted. Further, I understand that achieving a passing score on a specific examination is not sufficient approval for a particular license or certificate class without required documentation of experience.

Signature of applicant: _____ Date: _____