



**Town of Ignacio**  
**Contractor Business License/  
 Construction/Excavation Application 2015**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

	<b>Fee</b>	
<input type="checkbox"/> <b>CONTRACTOR License</b>	\$50.00	Expires 1 year after date of payment

**\*\* Business with no physical address in town and/or working under contract**

Type of Service: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

State Registered: \_\_\_\_\_ License Plate: \_\_\_\_\_

Plumber or Electrician Colorado State License Number: \_\_\_\_\_

Locate Ticket Number: \_\_\_\_\_

*811 must be called 3 business days prior to ANY digging or excavation*

Building Permit Number: \_\_\_\_\_

	<b>Fee</b>
<input type="checkbox"/> <b>EXCAVATION Permit</b>	\$10.00

*Any movement of dirt in operation for digging, building, and or replacing pipes requires a permit. This applies to both private property or Town Right-of-Way as well as placement of equipment whether working or parked in the Right-of-Way.*

Dates Valid: \_\_\_\_\_ to \_\_\_\_\_

*Cannot exceed estimated project timeline*

Reason for Work: \_\_\_\_\_

Excavation done by home owner

Excavation done by contractor

Business Name \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Please provide a Bond or a Certificate of Liability naming the Town of Ignacio as additionally insured**

Name of Insurance/Bond Company: \_\_\_\_\_

Proposed location for excavation: \_\_\_\_\_

Please provide a map of the vicinity of excavation

Estimated sq. yds. of surface excavation or linear feet of curb excavation: \_\_\_\_\_

Locate Ticket Number: \_\_\_\_\_

*811 must be called 3 days prior to ANY digging or excavation*

**Any company/person working in the Town of Ignacio and or the Right-of-Way must have insurance not less than \$300,000 for a Handyman and \$1,000,000 for an Excavator, Roofer, and or Tree Cutter.** **Applicant Initials**  
\_\_\_\_\_

Subcontracting For: \_\_\_\_\_

I acknowledge I received Town of Ignacio Municipal Code pertaining to the business license(s) for which I applied. **Applicant Initials:** \_\_\_\_\_

Staff gave applicant necessary information, including Town of Ignacio Municipal Code regarding the business license(s). **Staff Initials** \_\_\_\_\_

I agree to comply with all requirements set forth in the Town of Ignacio Municipal Code

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Total Paid: \_\_\_\_\_