

COMMUNITY DEVELOPMENT DIVISION

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http://www.larimer.org/planning

CONTRACTOR LICENSE RENEWAL FORM

(Name of Contractor)	Contractor	License Number: CI	L	
(Address/Street)	Date origin	Date original license was issued:		
(City/State/Zip)				
(E-mail address)	(Office phone)	(Cell phone)	(Fax No.)	
	BUSINESS			
(Name of Company)				
(Address/Street)				
(City/State/Zip)				
(E-mail address)	(Office phone)	(Cell phone)	(Fax No.)	
	uthorized to sign for buildi			
Name:	Signature:			
Name:				
Name:	Signature:			
The following documents a	re attached:			
Certificate of Gene	eral Liability Insurance			
	kers' Compensation Insurance (or to have workers comp insurance)	waiver form if you are n	not required by the	
	amount of: 1) \$150.00 Class A Gen en Cont; or 4) \$75.00 all classes of			
Signature of contractor:		Date	:	
[Office Use Only: Expired Permi	ts?		BL# 1	