

OFFICE USE ONLY

LICENSE #

FEE

\$40

PAID CHECK #



St. Vrain
SANITATION
DISTRICT

ST. VRAIN SANITATION DISTRICT

11307 BUSINESS PARK CIRCLE

FIRESTONE, CO 80504

Phone: 303-776-9570

Fax: 303-485-1968

Contractors License Application

Name of Business
(Please Print)

Contact Person
(Please Print)

Business Address
(Please Print)

Street Address
City, State, Zip

Business
Phone #

Business
Fax #

Business
Email

Please make sure you include the following with submittal of license form:

Certificate of insurance specifying liability coverage and naming the District as additional insured set to \$1,000,000 minimum

Certificate of insurance specifying workers compensation coverage

Insurance Company

Name of agent

Phone #

I hereby agree to be responsible for all work performed by my company in the District, and comply with St. Vrain Sanitation District's Rules and Regulations.

I understand SVSD only performs inspections during normal business hours. If an inspection is needed after hours, I will be responsible for paying a minimum of \$130 before the inspection will be performed (see section 3 of Appendix A in District Rules and Regs).

I have read and understand St. Vrain Sanitation District's Construction Standards and General Notes and Details.

I declare, under penalty of perjury, that the statements made herein are, to the best of my knowledge, true and correct.

Failure to comply with St. Vrain Sanitation District's Rules and Regulations will result in termination of license and possible fines.

SIGNATURE OF OWNER

PRINT NAME

TITLE

DATE

OFFICE USE ONLY

APPROVED BY

DATE OF ISSUANCE