



CITY OF FLAT ROCK

DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134
Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

CONTRACTOR REGISTRATION FORM

Business Name: _____

Applicant/Licensee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone #: _____ Fax #: _____ Cell #: _____

Email _____

FOR ELECTRICAL AND PLUMBING CONTRACTORS ONLY:

Master/Specialist authorized to obtain permits- please print (a copy of license(s) must be attached)

Name: _____ Master/Specialist License #: _____

Please be advised that the State of Michigan licensing regulations allow only licensed

Contractor License #: _____ Expiration Date: _____

Workers Comp Ins. Carrier: _____

I understand that I am to provide a notarized letter if anyone other than myself is to pull permits in the City of Flat Rock.

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge.

Signature of Contractor: _____ Date: _____

<u>Required for all registrants:</u> Copy of Trade License Copy of Driver's License Copy of Certificate of Liability	<u>Fee Schedule:</u> Builder: \$30.00/per year Electrical: \$20.00/per year Plumbing: \$20.00/per year Mechanical: \$15.00/length of license
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