



Town of New Castle
450 W. Main Street
P. O. Box 90
New Castle, CO 81647

Building Department
Phone: 970-984-2311
Fax: 970-984-2716
www.newcastlecolorado.org

CONTRACTOR'S LICENSE RENEWAL APPLICATION

Please Check License Type for which you are applying:

	<u>Fee</u>
Building Contractors License Renewal	
<input type="checkbox"/> B1 General Unlimited	\$ 150.00
<input type="checkbox"/> B2 General Limited	75.00
<input type="checkbox"/> B3 Building Specialty Specializing in _____	20.00
Public Works Contractors License Renewal	
<input type="checkbox"/> PW1 General	\$ 150.00
<input type="checkbox"/> PW2 Earthwork/Paving Structure	115.00
<input type="checkbox"/> PW3 Utilities/Pipeline	115.00
<input type="checkbox"/> PW4 Concrete/Masonry	75.00
<input type="checkbox"/> PW5 Blasting	20.00
<input type="checkbox"/> PW6 Public Works Specialty Specializing in _____	20.00

Applicant Name: _____ Phone #: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Are you or your firm presently licensed by any other Colorado Municipality? Yes No

If yes, where: _____

Is your business: Individual (attach Lawful Presence Affidavit); Partnership; Corporation

Master License #: _____ Type: _____ Expiration Date: _____

How long have you been in the construction business: _____

In what areas? _____

List any professional certifications you hold? _____

Have you ever defaulted on a contract? _____

Have you ever been involved in a lien suit? _____

Have you or your firm ever filed bankruptcy? _____

Have you ever worked for any contractors in New Castle? _____

If yes, please give their name(s): _____

Are you familiar with the 2003 International Building Code? _____

Visit our website at www.newcastlecolorado.org for a free downloadable version.

Who is your bonding and insurance agent or company? _____

All licensees must carry Public Liability and Property Damage Insurance and Worker's Compensation Insurance (unless exempt) at all times.

Worker's Compensation Exemption

I certify that in the performance of the work for which this license is issued, I will not be employing any person(s) so as to become subject to the worker's compensation laws of the State of Colorado. After making such certificate, I agree that I, as the applicant, become subject to the worker's compensation provisions of the State of Colorado, I shall immediately comply with the provisions of Ordinance Number 98-1 of the Town of New Castle or this permit shall be revoked.

Signature

Before a license renewal shall be issued, the applicant for the license shall pay the renewal fee and shall satisfy the Town of New Castle as to his/her integrity, qualifications, reputation, and financial responsibility. He/she shall also submit a certificate of insurance to the Town providing evidence of liability and worker's compensation insurance in such amounts and subject to such restrictions as the Town may prescribe.

The Town shall devise classifications based upon the licensing category and nature of the work involved, and shall apply the same requirements uniformly to all contractors of that classification.

A contractor is responsible for any type of construction he may contract to build in the Town of New Castle. Right of Way and/or Building permits must be obtained before commencement of any work.

A Right of Way Permit from the Town of New Castle must be obtained for all work or storage of materials within public rights of way.

All construction within the Town of New Castle must be in accordance with the latest revision of the Town of New Castle Public Works Manual".

Plumbing and Electrical work may be subcontracted, but a general contractor must have a means of knowing when the work is being installed properly.

I certify that the above information is true to the best of my knowledge. I agree to comply with the rules and regulations contained in this application and any/all applicable documents. I understand that failure to do so may result in the suspension of this license.

I understand that no license will be issued until proof of liability and/or worker's compensation insurance are provided.

Signature of Applicant

FOR TOWN USE ONLY

Renewal Fee: _____ Date Paid: _____ Date Approved: _____ License Number: _____