

GRADY COUNTY CODE ENFORCEMENT
250 N. BROAD ST. BOX 6 ~ CAIRO, GEORGIA 39828
(229) 377-8857 FAX # (229) 377-6947

REQUIREMENTS FOR CONTRACTOR'S REGISTRATION

1. Picture ID
2. Copy of a STATE OF GEORGIA CONTRACTORS LICENSE if applicable
3. Copy of OCCUPATIONAL / Business License
4. The CONTRACTORS APPLICATION must be completely filled out.
5. SPECIALTY CONTRACTORS - If this is your first job in Grady Co. you must see Mr. Harrison before your application can be processed. He is available between 8:00 and 10:00 a.m., Monday thru Friday. An appointment can be made by calling the office at 229-377-8857 if you are unable to come in between 8:00 and 10:00.

ACKNOWLEDGEMENT:

I hereby acknowledge I have read and understand Grady County Code Enforcement requirements for Contractor Registration.

Contractors Signature

Print Name

Date

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CONTRACTOR APPLICATION

NAME OF
LICENSED PERSON: _____
(LAST) (FIRST) (M.I.)

LICENSED CONTRACTOR: _____ INDIVIDUAL OR _____ QULIFYING AGENT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ / _____ / _____ SSN: _____ / _____ / _____
(MO) (DAY) (YEAR)

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ / _____ / _____ CELL: _____ / _____ / _____

FAX: _____ / _____ / _____ E-MAIL: _____

INSURANCE CO. NAME: _____ AGENT: _____

POLICY #: _____ AMOUNT OF COVERAGE: \$ _____

CHECK TYPE OF REGISTRATION APPLIED FOR:

- | | |
|---|--|
| <input type="checkbox"/> RESIDENTIAL/BASIC (RB) | <input type="checkbox"/> RESIDENTIAL/LIGHT COMMERCIAL (RL) |
| <input type="checkbox"/> GENERAL CONTRACTOR (GC) | <input type="checkbox"/> GENERAL CONTRACTOR LIMITED (GCL) |
| <input type="checkbox"/> ELECTRICIAN RESTRICTED (ER) | <input type="checkbox"/> ELECTRICIAN UNRESTRICTED (EU) |
| <input type="checkbox"/> CONDITION AIR CONTRACTOR (MR) | <input type="checkbox"/> CONDITION AIR CONTRACTOR (MU) |
| <input type="checkbox"/> PLUMBER RESTRICTED (PR) | <input type="checkbox"/> PLUMBER UNRESTRICTED (PU) |
| <input type="checkbox"/> MOBILE HOME INSTALLER
RESTRICTED (SR) | <input type="checkbox"/> MOBILE INSTALLER
UNRESTRICTED (SU) |
| <input type="checkbox"/> GAS CONTRACTOR | <input type="checkbox"/> SPECIALTY _____ |

STATE LICENSE NUMBER: _____ ATTACH A CURRENT COPY

_____/_____/_____
APPLICATION DATE

APPLICANT'S SIGNATURE

CONSENT FORM

I hereby authorize GRADY COUNTY to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency Georgia.

Full Name Printed

Address

Sex

Race

DOB

SSN

Sworn to and subscribed before me

this _____ day of _____, 20 _____.

Notary Public, Georgia, State at Large