



Contractor Information Sheet

City of Mineral Wells Inspection Department

Please print clearly: A copy of Drivers License, Master License, and General Liability are required and can be faxed to 940-328-7734, or emailed to mnavarrete@mineralwellstx.gov

Full Name

Company Name

Mailing Address

City, State, Zip

Business Phone _____ Home Phone _____

Contractor Type:

Plumber Electrician Mechanical Other (please specify)

Designation:

Master Journeyman Other (please specify)

State License #

* The City of Mineral Wells is currently under the 2012 Edition of the International Plumbing Code, the 2011 National Electrical Code, the 2012 International Building Code, the 2012 International Mechanical Code, and the 2012 International Fire Code.

I hereby agree to abide by all requirements of the City of Mineral Wells Code of Ordinances and all other applicable regulations. I understand that I must have all of my work inspected by the City of Mineral Wells in a timely manner.

Signature

Date