

SERVICE PROVIDER REGISTRATION FORM



CONTRACTOR INFORMATION

Contact Name: _____ Business Name: _____
 Business Address: _____
 Business Phone: _____ Business Email: _____

LICENSE INFORMATION (IF APPLICABLE)

Type: _____ NC License #: _____ Classification: _____ Expiration: _____

TRADE(S) PROVIDED (SELECT ALL THAT APPLY)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Licensed General Contractor | <input type="checkbox"/> Unlicensed Builder/Handyman | <input type="checkbox"/> Tree Cutter |
| <input type="checkbox"/> Licensed Electrician | <input type="checkbox"/> Grading/Excavating | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Licensed Plumber | <input type="checkbox"/> Architect | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Licensed HVAC | <input type="checkbox"/> Engineer | <input type="checkbox"/> Painter |
| <input type="checkbox"/> Licensed Fuel/Gas | <input type="checkbox"/> Surveyor | <input type="checkbox"/> Other: _____ |

DESCRIPTION OF WORK PERFORMED

PUBLIC PROVIDER LIST

- ☐ By checking this box, I wish to be listed on the Town Service Provider Sheet that is viewable on the Town's website and in person at Town Hall.

CONTRACTOR STATEMENT

I, the undersigned, affirm that I have read, and agree to abide by, any pertinent Town of Beech Mountain Ordinances related to my trade, in addition to any NC Building Code or General Statute related to my trade (Town Ordinances can be accessed at www.townofbeechmountain.com). I, as the contractor/service provider, agree to obtain all required permits needed for my trade projects within the Town and will be responsible for work I perform. I will display the yellow permit card in a visible location at all times. Additionally, I agree that to obtain a permit, I shall have no outstanding permit fees or fines within the Town. I understand that work started before obtaining proper permits will result in fines as outlined in the Code of Ordinances. This registration shall be valid through the end of the calendar year of which it is submitted and shall be resubmitted each subsequent calendar year.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED REGISTRATIONS TO TOWN HALL IN PERSON

DATE RECEIVED	ENTERED IN SYSTEM	APPROVAL INITIAL	COMMENTS
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