

PARISH OF ASCENSION

BUILDING DEPARTMENT



CONTRACTORS REGISTRATION APPLICATION

DATE: _____

BUSINESS NAME:

MAILING ADDRESS:

CITY: _____ ZIP CODE: _____

BUSINESS ADDRESS (If different from mailing):

CITY: _____ ZIP CODE: _____

E-MAIL ADDRESS:

BUSINESS PHONE:

TYPE OF STATE LICENSE:

NAME OF APPLICANT:

SIGNATURE OF APPLICANT:
