

**CITY OF JERSEY CITY**  
**OFFICE OF THE CONSTRUCTION CODE OFFICIAL**  
**DEPT. OF HOUSING, ECONOMICS, DEVELOPMENT, & COMMERCE**  
**EMAIL: CONSTRUCTIONCODE@JCNJ.ORG**  
**PHONE: 201-547-5055**

**CONTRACTOR/PERMIT PROCESSOR REGISTRATION FORM**

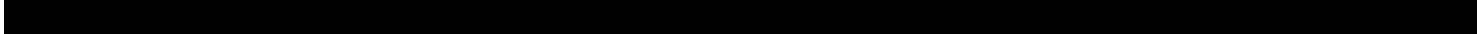


OFFICE USE ONLY
New Registration Number
_____
Issue Date: _____
Exp Date: _____
_____
CONSTRUCTION OFFICIAL



Name (Individual or Business) \_\_\_\_\_  
FEIN Or FED# \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Phone (Business) \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_  
Name and Address of Principal Officer, if applicant is a business \_\_\_\_\_

Classification under which registration is required:      [ ] Non-State licensed Contractor  
  
[ ] Permit Processor



**Form Companies, Corporations, and Partnerships ONLY (fill out the below completely)**

Number of years firm has been in business \_\_\_\_\_. Number of years firm has been located at the above address \_\_\_\_\_. If firm has been at the above address for a period of less than two years, give address(es) for the past five years \_\_\_\_\_

Does Your Firm carry Liability Insurance? \_\_\_\_\_  
If so, state amount of coverage. \_\_\_\_\_  
Name of Company writing your Liability Insurance? \_\_\_\_\_  
State name and license number of such Engineer or Architect. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant