



**City of Richmond**

Department of Planning & Development Review  
Permits & Inspections

**Richmond Contractor Registration Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Principle Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Page Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Preference: (Circle One) Business Phone Mobile Phone Fax Email

Company Mailing Address: \_\_\_\_\_

DPOR License # \_\_\_\_\_

Business License Number and Expiration Date: \_\_\_\_\_

Business License Jurisdiction in Virginia: \_\_\_\_\_

Individuals authorized to apply for a permit in the City of Richmond: Print

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Completing Form

\_\_\_\_\_/\_\_\_\_\_  
Signature of Person Completing Form/Date