

SPECIALTY LICENSE CONTRACTOR PACKET

TELLER COUNTY BUILDING DEPARTMENT

Email: cdd@tellercounty.gov • P: 719-687-3048 • <https://www.tellercounty.gov/Building-Division>

COMPANY INFORMATION

Legal Business Name: _____

DBA (if applicable) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ Individual / Sole Proprietor

Company's area of construction: _____

Type of work: ☐ Residential ☐ Commercial

Do you have employees: ☐ Yes ☐ No Do you have worker's compensation? ☐ Yes ☐ No

Were you previously licensed in Teller County? ☐ Yes ☐ No Contractor ID Number: _____

Company's principal officers, partners, or owners (pg. 6 offers additional lines if required):

Printed Name and Title: _____

Signature _____ Date: _____

Printed name and title: _____

Signature _____ Date: _____

CHECKLIST OF REQUIRED ITEMS

- ☐ 1. Company and examinee/qualifier information completed. (page 4)
- ☐ 2. Project history. (page 5)
- ☐ 3. Copy of current driver license.
- ☐ 4. Current copy of Colorado trade/business name registration.
- ☐ 5. Certificate of Liability Insurance. (Additional information on page 2)
 - Certificate must show the legal business name as the insured and must include the assumed name as DBA name.
 - Description of trade check box should state the type of contractor license applying for.
 - Certificate holder must be: Teller County Building Department,
800 Research Dr., Ste. 100-B, Woodland Park , CO 80863
- ☐ 6. Certificate of Worker's Compensation or notarized waiver. (Additional information on page 2 & 3)
Worker's Compensation Rejection*** website: <https://cdle.colorado.gov/resources/forms> Click on Forms by number; Forms must be notarized and submitted to the State.(page 3)
- ☐ 7. Additional specific requirements for individual contractor licenses. (Additional information on pages 2 & 3)
DORA Cards for Electricians • DORA Cards for Plumbers • ICC Test for HVAC • Bond for Full Ex Contractors

Application fee is \$100.00. Contractor dues is based on the license being obtained (see page 2 for more information). The Building Department will call to collect necessary payments. Payment of application fee does not constitute the granting of a license.

TELLER COUNTY USE ONLY

Existing Contractor ID Number: _____

Building Official Approval

APPLICATION FEE PAID - ☐ Yes ☐ No

CONTRACTOR DUES PAID - ☐ Yes ☐ No

Receipt # _____

REQUIREMENTS FOR SPECIALTY LICENSES

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REQUIREMENTS FOR ALL CONTRACTOR LICENSES:

- \$100.00 application fee.
- Copy of examinee's current driver license.
- Current copy of Colorado trade/business name registration dated within past two years.

Per Section 102.g of the TCBC

- Proof of Liability Insurance. Must contain a Cancellation Clause.
- Proof of Worker's Compensation Insurance OR waiver if there are NO employees.

Specialty D license - Roofing, Framing, Concrete, Demolition, Fire Sprinkler/Suppression, Stucco, Mechanical HA, Mechanical HB, Plumbing, Electrical, Limited Excavation, Cell Tower, Septic Installer, Full Excavation, Manufactured State Installer.

Specialty E license - Alternative Energy

	No Annual Fee - Current Master & Contractor license cards must be provided.	Electrical and Plumbing
	\$50 Annual License Fee	Roofing, Framing, Concrete, Demolition, Fire Sprinkler/ Suppression, Stucco, Full Ex, Cell Tower, Septic Installer, Mechanical HB, Limited Ex, Manufactured State Installer
	\$75 Annual License Fee	Mechanical HA / Alternative Energy
ADDITIONAL REQUIREMENTS PER LICENSE TYPE		
	LICENSE TYPE - DESCRIPTION	REQUIREMENT
	SINGLE TRADE: Framing, Stucco, Roofing, Concrete, Masonry, Elevator, Demolition, Sign, Fire Sprinkler/Suppression, Limited EX, *Full-Ex This license shall authorize the holder to contract for, or obtain permits and inspections for one trade. Such license may include only one trade and an additional license is required for an additional trade.	<ul style="list-style-type: none"> • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage • *Full Ex - A 12 month Surety Bond for \$5000 payable to Teller County for cost of the public improvement in the name of licensee. • Full-Ex Test given by Road & Bridges.
	ELECTRICAL: This license shall entitle the holder to obtain permits for all electrical work. PLUMBING: This license shall entitle the holder to obtain permits for all plumbing and heating work.	<ul style="list-style-type: none"> • Signed copy of State Master's & Contractor License Cards • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage
	ALTERNATIVE ENERGY - SOLAR This license shall entitle the holder to contract for the installation and repair of alternative energy systems. Installation of alternative energy systems (such as Solar Photo-voltaic systems) requires permits, inspections, and licensing.	<ul style="list-style-type: none"> • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage

REQUIREMENTS FOR SPECIALTY LICENSES

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	<p>SEPTIC INSTALLER: This license entitles the holder to obtain permits for the installation, alteration, and repair of Onsite wastewater treatment systems, in accordance with the Teller County Onsite Wastewater Treatment Regulations. Standards and procedures for issuance, performances, and revocation or suspension of the OWTS contractor license are described in, and controlled by, the Teller County Onsite Wastewater Treatment Regulations.</p>	<ul style="list-style-type: none"> • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage • Septic Installation Testing Test Fee is \$50.00 Test are given at: Teller County Building Department, 719-687-3048 800 Research Dr., Ste 100 Woodland Park, CO 80863
	<p>MECHANICAL HA: This license shall authorize the holder to contract for and obtain permits and inspections for gas piping installation, the installation, repair and venting of air-conditioning systems, ventilation systems, heating systems, and setting, venting, and ducts for new, or replacement of existing appliances.</p>	<ul style="list-style-type: none"> • Proof of I.C.C. Certification Per Section 102.e. of the TCBC • If examinee/qualifier holds equivalent license in El Paso County/ PPRBD license can be provided in lieu of proof of I.C.C. Certification • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage
	<p>MECHANICAL HB: This license shall authorize the holder to obtain permits for the installation of heating, ventilation, air-conditioning systems, and replacement of existing gas appliances that do not require removal or alteration of rigid gas piping.</p> <p>The Heating-B License does not allow the installation of gas piping.</p>	<ul style="list-style-type: none"> • Proof of I.C.C. Certification Per Section 102.e. of the TCBC • If examinee/qualifier hold equivalent license in El Paso County/ PPRBD license can be provided in lieu of proof of I.C.C. Certification • Liability Insurance \$300,000 / \$600,000 public liability & \$100,000 property damage
	<p>MANUFACTURED STATE INSTALLER: This license registration entitles the holder to only contract for, install, and set manufactured, factory built, and mobile homes on the foundation, as installation is defined by C.R.S. § 24-32-3102 (5), pursuant to C.R.S. § 24-32-3101 et seq.</p>	<ul style="list-style-type: none"> • Proof of State of Colorado Division of Housing Manufactured Housing Installation Program Registered Installation Certification Follow Section 105.q. of TCBC, Issued by Colorado Division of Housings: (303) 866-2033; 1313 Sherman St., Denver, CO 80203 • Liability Insurance - \$300,000 / \$600,000 public liability & \$100,000 property damage

Online exams available at: <https://www.iccsafe.org/contractor>

Worker's Compensation Rejection*** website: <https://cdle.colorado.gov/resources/forms>

Click on Forms by number; Forms must be notarized and submitted to the State.

EXAMINEE / QUALIFIER INFORMATION

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License: ☐ Specialty D - Please indicate below which trade.

Concrete	Framing	Roofing
Full Excavation	Cell Tower	Plumbing
Electrical	Manufactured State Installer	Demolition
Mechanical HA	Mechanical HB	Septic Installer
Limited Excavation	Stucco	
Other:		

☐ Specialty E - Alternative Energy

The information provided below will be used by the Department staff members to determine if you meet the licensing requirements. The examinee/qualifier will be the designated license holder for the contractor's license with the Teller County Building Department. **Only one (1) applicant and contractor's license holder is allowed per license with the Teller County Building Department.**

Examinee/Qualifier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of Contractor/Company you are qualifying for: _____

Position with the Company: _____

Examinee/Qualifier Signature _____ Date: _____

PROJECT HISTORY

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The following projects must have been performed or supervised by Examinee/Qualifier.

1. Project Date: _____ Type of construction: ☐ Residential ☐ Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

2. Project Date: _____ Type of construction: ☐ Residential ☐ Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

3. Project Date: _____ Type of construction: ☐ Residential ☐ Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

4. Project Date: _____ Type of construction: ☐ Residential ☐ Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

Examinee Signature: _____ Date: _____

OFFICERS AND AUTHORIZED ASSOCIATES

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Complete the following form to make known any Officer and Authorized Associates.

1. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

2. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

3. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

4. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

5. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

6. Name: _____ ☐ Officer ☐ Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____