



CITY OF WINSTON-SALEM/FORSYTH COUNTY
INSPECTIONS DIVISION
APPLICATION FOR CONTRACTOR ID NUMBER

100 E First Street, Suite 328, Winston-Salem, NC 27101
Phone: 336-727-2624 Fax: 336-727-2792

OFFICE USE ONLY:

Date: Contractor ID # Completed by:

One application per contractor type

APPLICANT INFORMATION:

Business Name:

Name of business owner or business president:

Business address, telephone and fax number:

Email address to send plan review and/or inspection notifications to:

What type of contractor is the contractor ID for? Select the one that applies.

- Building: State Licensed Non-State Licensed
Electrical: State Licensed Low Voltage
Mechanical: State Licensed Exhaust only
Plumbing: State Licensed Plumbing/Heater State Licensed
Refrigeration: State Licensed
Other: Fuel/Gas Gas Fitting Insulation Paving, State Licensed
Paving, Non-State Licensed Sign Sprinkler Wrecking

If not listed above, please describe the type of work the business conducts.

North Carolina State License number (if applicable):

North Carolina State License Qualifier (name):

I hereby certify that all of the information contained in this application is correct. If executed by an individual
For a corporate entity, I certify that I am duly authorized to sign on behalf of the corporate entity.

Applicant Name & Signature: Date:

The City of Winston-Salem reserves the right to examine documentation supporting information provided herein. Please contact Inspections Division to retrieve your assigned contractor id number.