



TOWN OF PARACHUTE
222 GRAND VALLEY WAY, PARACHUTE, CO 81635

TELEPHONE: (970) 665-1149 FAX: (970) 285-0295

Please return completed applications to
 bburke@parachutecolorado.com or in person

CONTRACTORS LICENSE

FILL OUT COMPLETELY – INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

ORDINANCE 536 REQUIRES RENEWAL DUE ANNUALLY ON JANUARY 1

Business Name _____ Owner/Responsible Party _____

Applicant Name _____ Applicant Email _____

Address _____

Number Street City State Zip

Business Phone _____ Cell Phone _____

Fax _____ Tax ID or SS _____

Are you legally authorized to sign for your company? Yes No

Are you familiar with the 2018 International codes? Yes No

Please check which contractor type you are applying for:

Contractor Type	Annual Fee	
Class A	Unlimited	\$100
Class B	Commercial	\$50
Class C	Light Residential	\$50
Class D	Residential	\$50

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Firm must appoint an individual within the firm who has taken and passed the valley-wide *Board of Examiners for Standardized Testing (B.E.S.T.) Contractor test or equivalent (for contractors not from Garfield County) before this application will be accepted by the Town. Firm must notify Town of loss of card-carrying employees.

Examinee _____ Exam Classification _____

Card No. _____ Expiration Date _____

Specialty Contractor	Annual Fee	
Class S	Specialty Specializing in _____	\$25
Mechanical		\$50
Electrician	Master Lic # _____ State Lic # _____ (provide copy of each)	\$0 No Fee
Plumber	Master Lic # _____ State Lic # _____ (provide copy of each)	\$0 No Fee

Electrical and Plumbing Contractors are exempt from the "B.E.S.T." examination program

To obtain a new B.E.S.T. card, call to schedule a test at one of the following locations:

- Glenwood Springs (970) 384-6411
- Silt Town Hall (970) 876-2353
- Town of Snowmass (970) 923-5524
- Aspen City Hall (970) 920-5041 or (970) 920-5090

APPLICATION CHECKLIST – All materials must be turned in together. Incomplete Applications WILL NOT be processed.

Complete Application

Certificate of Contractors Liability Insurance

- Town of Parachute as Certificate holder
- 222 Grand Valley Way, Parachute, CO 81635

Certificate of Workers Compensation Insurance

- If the Contractor has no employees, a waiver of Workers Compensation Insurance must be signed

Appropriate fee for the class license requested

I certify that the above information is true to the best of my knowledge. I agree to comply with the rules and regulations contained in this application and any/all applicable documents. I understand that failure to do so may result in the suspension of this license.

Signature of Applicant

Date

Printed Name of Applicant

FOR TOWN USE ONLY

Date Application Received: ___ / ___ / ___	Date Application Approved: ___ / ___ / ___
Refer to Fire Department: Yes ___ N/A ___	Refer to Building Department: Yes ___ N/A ___
Method of Payment: Cash ___ CC ___ Chk # _____	License Fee: \$ _____
Date Paid: ___ / ___ / ___	Receipt Number: _____
License Number: _____	Approved By: _____

Declaration of Independent Contractor Status Form

According to the Colorado Workers' Compensation Act, a person is an independent contractor, not an employee, if *both* of the following statements are true.

1. He/she is free from control and direction in the performance of the service (unless control is exercised under the requirement of any state or federal statute or regulation).
2. He/she is customarily engaged in an independent trade, occupation, profession, or business related to the services performed.

The Colorado Workers' Compensation Act also outlines nine criteria (listed on page 2) to help determine whether or not the above statements are true. For an individual to be considered an independent contractor, he/she must meet only those criteria that are appropriate to the situation. He/she does not need to meet all of the nine criteria.

This Declaration of Independent Contractor Status Form documents the business relationship as defined in the Colorado Workers' Compensation Act. *It is the responsibility of our policyholders and their independent contractor(s) to correctly and truthfully complete this form.* Pinnacol Assurance will accept this form only when it is initialed where applicable, signed, and notarized by both parties. If you do not understand this form, do not sign it.

Please make copies of this form as needed. You should complete this form only once for each independent contractor for the lifetime of your Pinnacol Assurance policy or until the business relationship changes. This form is not valid unless the notarized original form is returned to Pinnacol Assurance. Keep one copy for your records and send the notarized original to:

**Pinnacol Assurance
P.O. Box 469011
Denver, CO 80246-9011**

Call your Pinnacol Assurance underwriter at 303-361-4000 or 1-800-873-7242 if you have questions.

Declaration of Independent Contractor Status Form

We certify UNDER PENALTY OF PERJURY that: (name and trade name) _____
performing (type of work) _____
Social Security or Federal Employer Identification # _____
Address: _____ Phone: _____
is an independent contractor (IC) and is not an employee of the following policyholder (PH): _____
Address: _____ Policy # _____ Phone: _____

We also certify, by OUR initials WHERE APPLICABLE, that the above business for which the above individual performs services meet the following criteria:

- IC _____ PH _____ 1. The business DOES NOT require the individual to work ONLY for the business for whom services are performed (except that the individual may DECIDE to work only for the business for a definite period);
- IC _____ PH _____ 2. The business DOES NOT establish a quality standard for the individual (except that the business may provide plans and specifications regarding work but cannot oversee the actual work or instruct the individual as to how work will be performed);
- IC _____ PH _____ 3. The business DOES NOT pay the individual a salary or an hourly rate instead of a fixed or contract rate;
- IC _____ PH _____ 4. The business DOES NOT terminate the work or the service provided during the contract period unless the individual violates the terms of the contract or fails to produce a result that meets the specifications of the contract;
- IC _____ PH _____ 5. The business DOES NOT provide more than minimal training for the individual;
- IC _____ PH _____ 6. The business DOES NOT provide tools or benefits to the individual (except that materials and equipment may be supplied);
- IC _____ PH _____ 7. The business DOES NOT dictate the time of performance (except that a completion schedule and a range of agreeable work hours may be established);
- IC _____ PH _____ 8. The business DOES NOT pay the individual personally instead of making payment or checks payable to the trade or business name of the individual;
- IC _____ PH _____ 9. The business DOES NOT combine the business operations in any way with the individual's business operations instead of maintaining all such operations separately and distinctly.

CERTIFICATION BY INDEPENDENT CONTRACTOR

THE INDEPENDENT CONTRACTOR UNDERSTANDS THAT HE/SHE:

- WILL NOT BE ENTITLED TO ANY WORKERS' COMPENSATION BENEFITS IN THE EVENT OF INJURY.**
- IS OBLIGATED TO PAY ALL FEDERAL AND STATE INCOME TAX ON ALL MONEY EARNED WHILE PERFORMING SERVICES FOR THE BUSINESS.**
- IS REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURANCE FOR ALL WORKERS THAT HE/SHE HIRES.**

Independent Contractor Signature _____ Title _____ Social Security # _____
STATE OF COLORADO, COUNTY OF _____
Subscribed and sworn before me by _____ this _____ day of _____, _____
Commission expires: _____

NOTARY PUBLIC

Acceptance of the Independent Contractor named on this form does not change any party's responsibility under the Workers' Compensation Act. If individuals or organizations hired or contracted by the Independent Contractor are not covered by other workers' compensation insurance, the policyholder specified on this form will be charged premium for coverage of those individuals or organizations.

CERTIFICATION BY BUSINESS

I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed.

Signature _____ Title _____
STATE OF COLORADO, COUNTY OF _____
Subscribed and sworn before me by _____ this _____ day of _____, _____
Commission expires: _____

NOTARY PUBLIC

Requirements for obtaining a plumbing permit

1. You must be a licensed plumbing contractor with the state (DORA) and must be registered with the Town of Parachute (TOP).
2. If you are not registered with TOP you must fill out an application and provide proof of your current Plumbing License with DORA and current insurance. Once you submit your paperwork, the TOP will verify the status of your license with DORA.
3. The only time you can get a plumbing permit without being a licensed plumber is:
 - a. You are doing the work on your property and its registered as your homestead.
 - b. You are living in that property.
4. If a licensed plumber does not want to continue doing the work or the general contractor (GC) want to change the Plumbing Contractor (PC) or Master Plumber (MP) that was originally identified in the Building Permit, these steps must be taken:
 - a. The original PC or MP must submit a letter to the Building Department of TOP stating that they are no longer responsible for the plumbing work on the permit #XX-XXXXX.
 - b. The GC must submit a letter to the Building Department stating the at the MP or Pc is not responsible for the work on that permit and let the TOP Building Department know who is the new MP or PC.
 - c. The new MP or PC must submit to the TOP Building Department all credentials to be verified and a letter stating that they will be responsible for the work that was done by the previous MP or PC and for future work on the current permit #XX-XXXXX.
5. When doing an inspection, the TOP Building Inspector will ask to see the license of anyone performing plumbing work.
6. If the TOP Building Inspector finds a person doing plumbing work without a license, that individual will be reported to DORA.