Home Builder Contractor Registration Application

☑ New: $170.00  ☐ Renewal: $170.00

Must be renewed every two years on issue date.

For new residential construction, alterations, or remodeling of existing homes involving structural work, additions to residential structures, foundation repairs, or detached accessory buildings.

**Type of work** (Check all that apply) – ☐ All ☐ Roofing ☐ Pools & Spas ☐ Fences ☐ Minor Repairs

☐ Additions ☐ Foundations ☐ New Homes

**Background Check** – All applicants must submit a completed application including the issued background check (Criminal History Arrest Background Check) from the Federal Bureau of Investigation (FBI) per [IB 228](https://www.sanantonio.gov/dsd). SAPD Fingerprint card must be completed prior to sending background check to FBI (see attached page for SAPD application). A separate fee payable by cash or check is required to process the Background Check.

**Delegates** – If any person(s) other than the registration holder will be authorized to obtain permits under the registration number assigned as part of this application, the following is required:

- With the implementation of the Accela/BuildSA on-line permitting system, license professional may add or remove delegates through the permitting portal.
- All delegates must show a valid government issued photo ID when applying for a permit.
- Changes in the list of delegates of the registered license holder must be submitted on portal.

**Proof of Insurance** – Provide Certificate of Liability Insurance showing valid coverage for the date of the application, with proof of coverage for a minimum of one year from an insurance company authorized to do business in the State of Texas. If the Certificate of Liability of Insurance expires, it is the responsibility of the Registered Home Builder Contractor to renew and submit the updated Certificate of Insurance.

Insurance Requirements:

- At least $500,000 per occurrence (combined for property damage and bodily injury);
- At least $1,000,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage);
- At least $500,000 aggregate for products and completed operations

- Certificate holder must be listed as follows: City of San Antonio, 1901 South Alamo, San Antonio, TX 78204

The business name and address listed on the Certificate of Liability Insurance must match the business name and address on the residential building contractor registration application.

**Certification Requirements** - Home Builder registrations only, one agent affiliated with the contractor must obtain a Residential ICC Certification or other certifications approved by the Building Official per [IB228](https://www.sanantonio.gov/dsd).

Detailed information on Home Builder Contractor Registration is available in our online Municode under [Chapter 10-115](https://www.sanantonio.gov/dsd) of the San Antonio Code of Ordinances.

You may contact customer service at (210) 207-1111 for additional information.

---

**Personal Checklist**

☐ Complete Application  ☐ Government issued Photo ID  ☐ Fee: $170.00

☐ Proof of Insurance  ☐ ICC Certificate

☐ Completed FBI Background Check (Your name must be on background check)

Revised 04/2023
Home Builder Contractor Registration Application

This is to certify that I, ____________________________, hereby apply to the City of San Antonio for a Residential Building Contractor registration. I will comply with the provisions of Residential Building Contractor registration ordinance and any amendments thereto. I acknowledge that noncompliance of this ordinance may cause revocation of my Home Builder Contractor Registration. I further understand that it is my responsibility to obtain all proper building permits required for jobs performed by myself or any representative of my company. I will inform the homeowner of the City’s requirement to secure permits and call for inspections.

Registration Type (check one)  □ Initial Registration  □ Renewal Registration

Current City Registration/License# (if applicable): ________________________________

Business Name: ________________________________  Business Phone: (____) _________

Business address: ________________________________  City: _________________________  State: _________

Zip code: ________________  Email: ________________________________

Applicant Name: ________________________________  Phone: (____) _________

Home Address): ________________________________  City: _________________________  State: _________

Zip code: ________________  Email: ________________________________

Each registration holder must fully disclose whether the applicant has:

□ YES  □ NO  Entered a plea of guilty or nolo contender (no contest) to any felony charge or a misdemeanor involving moral turpitude;

□ YES  □ NO  Been Convicted of a felony or a misdemeanor involving moral turpitude and the time appeal has elapsed or the conviction has been affirmed on appeal;

□ YES  □ NO  Entered a plea of guilty or nolo contender (no contest) or been convicted of a felony or misdemeanor arising out of a violation of the building code or local amendments thereto in the State of Texas whether or not said violation involves moral turpitude;

□ YES  □ NO  Has lost or is suspended from home improvement or home builder privileges in any jurisdiction in Texas. Full disclosure includes an interest in or ownership of any entity engaged in business of new home construction or home improvements that has lost or been suspended from home improvement or home builder privileges.

Any answer in the affirmative will be referred to the Customer Advocate Team Manager, Sharon Trudeau (210-207-0152). A failure to disclose shall be sufficient grounds under Chapter 10-115 of the San Antonio Code of Ordinances.

Applicant’s Signature: ___________________________________  Date: ____________________

Internal Checklist (Office Use Only)

☐ Complete Application  ☐ Government issued Photo ID  ☐ Fee: $170.00

☐ Proof of Insurance  ☐ ICC Certificate

☐ Completed FBI Background Check (Applicant’s name must be on background check)

Date Received: _____/____/_____  DSD Representative: ________________________________

Revised 04/2023