

CONTRACTOR INFORMATION

Permit# _____

Owners Name: _____ **Type of Construction:** _____

If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

General: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Carpentry: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Concrete: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

DampProof: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Drywall: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Electric: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Excavating: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

HVAC: _____	License # _____
Address: _____	Signed Aff. _____ Yes _____ No _____
Phone #: _____	Gen. Lib. _____ Yes _____ No _____
	Work Comp _____ Yes _____ No _____
	Bond _____ Yes _____ No _____

Insulation: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____

Masonry: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____

Siding: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____

Roofing: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____
State License #: 104- _____	Expiration _____

Plumbing: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____
State License #: 058- _____	Expiration: _____
State Registration #: 055- _____	Expiration: _____

Other: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____

Other: _____	License # _____
Address: _____	Signed Aff. ___ Yes ___ No _____
Phone #: _____	Gen. Lib. ___ Yes ___ No _____
	Work Comp ___ Yes ___ No _____
	Bond ___ Yes ___ No _____

Date Received: _____ Date Approved _____ Approved By: _____