

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

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| General: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Carpentry: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Concrete: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| DampProof: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Drywall: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Electric: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Excavating: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| HVAC: | License # _____ Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Address: | |
| Phone #: | |

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| Insulation: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Masonry: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Siding: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Roofing: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |
| State License #: 104- | Expiration |

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| Plumbing: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |
| State License #: 058- | Expiration |
| State Registration #: 055- | Expiration |

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| Other: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Other: | License # |
| | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone #: | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No |

Date Received: _____ Date Approved: _____ Approved By: _____