EXCAVATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

FOOTING

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

MASONRY/BLOCK

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

TERMITE TREATMENT

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

PLUMBING PERMIT **[ ]**

REQUIRED

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

CONCRETE COMPANY

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

CONCRETE FINISHER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

FRAMER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

ROOFING

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

ELECTRICIAN PERMIT **[ ]**

REQUIRED

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

HVAC PERMIT **[ ]**

REQUIRED

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

SECURITY SYSTEM

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

SOUND SYSTEM

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

INSULATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

SHEETROCK HANGER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

BRICK LAYER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

VINYL SIDING

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

GUTTER INSTALLATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

AWNINGS/CANOPIES

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

TRIM AND/OR DECK

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

CABINET/BOOKCASE MAKER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

PAINTER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

WALLPAPER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

CERAMIC INSTALLATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

MARBLE INSTALLATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

GLASS/MIRROR INSTALLATION

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

FLOOR COVERINGS

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

SEPTIC TANK

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

LANDSCAPING

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

CONCRETE DRIVEWAY

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

SOD

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

BUILDING MATERIALS

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

 **\*\*IT IS IMPORTANT TO NOTIFY THIS OFFICE IF THERE ARE ANY CHANGES
 IN THE SUBCONTRACTORS.\*\***

**THIS LIST IS PRIMARY SUBCONTRACTORS IN THE BUILDING PROFESSION. WE REALIZE THERE ARE OTHERS AND WE ARE ASKING YOU TO ADVISE ALL OF YOUR SUBCONTRACTORS TO PURCHASE A BUSINESS LI**CE**NSE BEFORE BEGINNING THEIR WORK.**

**\*\*LICENSE FEE IS DOUBLE IF NOT PURCHASED BEFORE WORK BEGINS\*\***

**\*\*IF ALL LICENSES ARE NOT PURCHASED IT IS THE CONTRACTORS
 RESPONSIBILITY TO PURCHASE THEM BEFORE A PERM POWER
 INSPECTION CAN BE SCHEDULED.\*\***

**CONTRACTOR HAS READ AND UNDERSTANDS THE ABOVE STATEMENT:**

**Contractor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OTHER

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_

GAS SERVICE PERMIT **[ ]**

REQUIRED

NAME ­­­­­­\_\_

ADDRESS \_\_

CITY\_\_      STATE \_\_      ZIP \_\_

PHONE NO.\_\_

TAX ID# \_\_ PAID **[ ]**  YEAR \_\_