

**GENERAL CONTRACTOR MUST RETURN COMPLETED FORM
WITH COPY OF LICENSES - BEFORE PERMIT IS ISSUED**

**** PRINT CLEARLY ****

DATE _____

PERMIT # _____
To Be Issued

| | | |
|---------------------------------------|-----------------------|------------------------|
| GENERAL CONTRACTOR COMPANY NAME _____ | | |
| BUSINESS ADDRESS (street) _____ | CITY/ST/ZIP _____ | |
| JOB SITE ADDRESS _____ | Unit # or Assoc _____ | |
| License Holder Signature _____ | Print Name _____ | Business Phone # _____ |

ELECTRICAL (Company Name) _____ Phone _____

Address _____ City, State, Zip _____

License Holder Signature _____

Print Name _____

***** ATTACH LICENSE COPIES *****

PLUMBING (Company Name) _____ Phone _____

Address _____ City, State, Zip _____

License Holder Signature _____

Print Name _____

***** ATTACH LICENSE COPIES *****

MECHANICAL (Company Name) _____ Phone _____

Address _____ City, State, Zip _____

License Holder Signature _____

Print Name _____

***** ATTACH LICENSE COPIES *****

ROOF (Company Name) _____ Phone _____

Address _____ City, State, Zip _____

License Holder Signature _____

Print Name _____

***** ATTACH LICENSE COPIES *****

GAS (Company Name) _____ Phone _____

Address _____ City, State, Zip _____

License Holder Signature _____

Print Name _____

***** ATTACH LICENSE COPIES *****

THIS FORM DOES NOT NEED TO BE NOTARIZED