

Contractor:

TOWN OF REHOBETH
SUBCONTRACTOR LIST

Permit Number:

Phone:

Project Start Date:

Project Address:

ALL INFORMATION MUST BE COMPLETED BEFORE PERMIT ISSUANCE.
PLUMBING, ELECTRICAL, HVAC MUST HAVE A CURRENT STATE OF AL LICENSE

EXCAVATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

CONCRETE COMPANY

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

FOOTING

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

CONCRETE FINISHER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

MASONRY/BLOCK

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

FRAMER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

TERMITE TREATMENT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

ROOFING

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

PLUMBING

PERMIT ☐
REQUIRED

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

ELECTRICIAN

PERMIT ☐
REQUIRED

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

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HVAC

PERMIT ☐
REQUIRED

BRICK LAYER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

SECURITY SYSTEM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

VINYL SIDING

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

SOUND SYSTEM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

GUTTER INSTALLATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

INSULATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

AWNINGS/CANOPIES

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

SHEETROCK HANGER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

TRIM AND/OR DECK

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

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CABINET/BOOKCASE MAKER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

GLASS/MIRROR INSTALLATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

PAINTER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

FLOOR COVERINGS

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

WALLPAPER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

SEPTIC TANK

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

CERAMIC INSTALLATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

LANDSCAPING

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

MARBLE INSTALLATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

CONCRETE DRIVEWAY

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

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SOD

OTHER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

BUILDING MATERIALS

GAS SERVICE

PERMIT ☐
REQUIRED

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NO. _____
ACCT ID# _____ PAID ☐ YEAR _____

SHADED LINE IS FOR TOWN USE ONLY

****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 LICENSE
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: _____