SUB-CONTRACTOR LIST

PERMIT ISSUE DATE ______________ FINAL INSPECTION DATE ______________________

Final on the project will not be given until this list is received. If you have questions, please call the Revenue Division at 530-542-6012 or email revenue@cityofslt.us.

If Owner/Builder check this box ☐

GENERAL CONTRACTOR ____
Job Address ____________________________________ Job Name ___________________
Business Phone __________________________ Home Phone ________________________
CITY BUSINESS LICENSE # ______________________ **CONTRACTORS LICENSE #** ____________________
==

SUB-CONTRACTORS:

Company Name _____________________________________ Owner Name ___________________
Mailing Address ____
Business Phone _________________________ Home Phone ____________________________
CITY BUSINESS LICENSE # ____________________ **CONTRACTORS LICENSE #** _____________________
===

Company Name _____________________________________ Owner Name ___________________
Mailing Address ____
Business Phone _________________________ Home Phone ____________________________
CITY BUSINESS LICENSE # ____________________ **CONTRACTORS LICENSE #** _____________________
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