Town of Christiansburg

SUB-CONTRACTOR LIST

DATE_____**PERMIT #**_____**GENERAL CONTRACTOR**_____

SITE ADDRESS_____**SUBDIVISION**_____**LOT**_____

PER THE VIRGINIA BOARD OF CONTRACTORS ANYONE PERFORMING WORK IN THE STATE OF VIRGINIA MUST HAVE A VALID VIRGINIA STATE CONTRACTORS LICENSE

FRAMING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE#_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

ELECTRICAL:

CONTRACTOR _____**COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

PLUMBING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

HVAC:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

INSULATION:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

MASONRY:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

CONCRETE:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

ROOFING:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____**VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

DECKS:

CONTRACTOR _____**COST $** _____CONTACT NAME _____

PHONE _____ EMAIL _____VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

SPRINKLER:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

COMMUNICATIONS:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

EXCAVATING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

LANDSCAPING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

FLOORING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

DRYWALL:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

CEILING:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

MISC.:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

MISC.:

CONTRACTOR _____ **COST $** _____ CONTACT NAME _____

PHONE _____ EMAIL _____ VA STATE CONT. LICENSE #_____

CLASS _____ EXPIRATION _____ **VA BUSINESS LICENSE: Y_____ N_____ OFFICE USE ONLY (DPOR LICENSE CLERK)**

******LIST ANY ADDITIONAL TRADES ON SEPARATE SHEET******

DEPARTMENT CONTACTS: (PERMITS) ASHLEY GRIFFITH BISHOP
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