

ROSTER OF SUB-CONTRACTOR(S)
TOWN OF COLONIAL BEACH
DEPARTMENT OF PLANNING & COMMUNITY
DEVELOPMENT
905 MCKINNEY BLVD.
COLONIAL BEACH, VIRGINIA 22443
(804) 224-7214
(804) 224-1318 FAX



YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE A ROSTER OF ALL SUB-CONTRACTORS WHO HAVE PERFORMED OR WILL PERFORM WORK UNDER YOUR BUILDING PERMIT CITED HEREIN. ARTICLE XX? OF THE TOWN OF COLONIAL BEACH CODE, REQUIRES THAT ALL SUBCONTRACTORS WORKING UNDER THIS PERMIT TO OBTAIN A COLONIAL BEACH BUSINESS LICENSE. THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED TO THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT OFFICE BY 12:30 P.M. ONE DAY PRIOR TO REQUESTING ROUGH-IN INSPECTIONS.

Date: _		Total Contract Amount: \$	
Permit #			
Owner:			
Subdivision Name:			Lot /Parcel #
Street Name & Number			
Phone #Home:		Work:	Cell:
E-mail Address:			
GENERAL CONTRACTOR			
Name:			
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
State Contractor License #		Value\$	
SUB-CONTRACTORS			
MECHANICAL:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
State Contractor/Tradesman License #		Value\$	
ELECTRICAL:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	

PLUMBING:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$
FRAMING:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$
INSULATION:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$
ROOFING:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$
CONCRETE/FOUNDATION/WATERPROOF:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$
EXCAVATING:		
Name:		Type of Work:
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #		Fed ID #
Contractor/Tradesman License #		Value\$

