

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture Commercial Industrial Residential Miscellaneous

Contractors

General Contractors Name _____ Address _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

Certificate of Workers Compensation: Yes No Expiration Date ____/____/____

Liability Insurance: Yes No Expiration Date ____/____/____

APPLICANT SHALL PROVIDE A COPY OF ALL INSURANCE AND WORKERS COMP. WITH THIS APPLICATION

▪ **Masonry** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Electrical** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Plumbing** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Alarms / Sprinklers** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **HVAC** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Landscape / Site** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Miscellaneous** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

Signature of Owner or Authorized Agent X

Date _____