

**CITY OF LAKEPORT  
BUILDING DEPARTMENT  
CONTRACTOR/SUB-CONTRACTOR INFORMATION**

To fulfill City obligations regarding Workman's Compensation (as set by State law), and also regarding the local Business License Ordinance, the following information must be kept up-to-date with the Community Development Department at all stages. If General Contractor will be performing the work, please fill in the General Contractors information in that section.

**IF THIS INFORMATION IS NOT KEPT CURRENT AND ACCURATE, IT WILL BE NECESSARY FOR THE DEPARTMENT TO ISSUE A "STOP WORK" FOR THE JOB.**

GEN. CONTRACTOR: \_\_\_\_\_  
JOB ADDRESS: \_\_\_\_\_  
PERMIT NUMBER: \_\_\_\_\_

**SUB-CONTRACTORS:**

**GRADING/SITE WORK:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE \_\_\_\_\_

**SHEET ROCK:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**MASONRY:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**CONCRETE:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**FRAMING / CARPENTRY:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**MECHANICAL / HVAC:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**ELECTRICAL:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

**ROOFING:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_

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**PLUMBING:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**CABINETRY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**CARPET / FLOOR COVERING:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**INSULATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**TILE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**PAINTER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**PHONE/CABLE LINES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**LANDSCAPING:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_