

**CITY OF CLOVIS**  
**BUILDING DIVISION**  
**SUB -CONTRACTOR LIST**

General contractors must complete this form and return it to the City of Clovis Building Division *prior to issuance of a building permit*. All sub-contractors must obtain a valid City of Clovis business license prior to starting any work.

**General Contractor** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, ZIP** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Type of Work**                      **Residential** \_\_\_\_\_                      **Commercial** \_\_\_\_\_  
(Please Check One)

**Project Name/Address** \_\_\_\_\_ **City, State, ZIP** \_\_\_\_\_

<b><u>CONTRACTOR</u></b> *REQUIRED INFORMATION	<b><u>NAME</u></b>	<b><u>ADDRESS</u></b> (City, State, ZIP)	<b><u>PHONE</u></b> <b><u>NUMBER</u></b>	<b><u>STATE</u></b> <b><u>LICENSE#</u></b>
*BUILDING				
*ELECTRICAL				
*MECHANICAL				
*PLUMBING				
ARCHITECT				
BLOCKWALL/FENCING				
CABINETS				
CARPENTRY (FINISH)				
CONCRETE (FOUNDATION)				
ENGINEER				
EXCAVATION/GRADING				
FLOORING				
GARAGE DOORS				
GLASS/GLAZING				
INSULATION				

<u>CONTRACTOR</u>	<u>NAME</u>	<u>ADDRESS</u> (City, State, ZIP)	<u>PHONE</u> <u>NUMBER</u>	<u>STATE</u> <u>LICENSE#</u>
LANDSCAPING				
LATH & PLASTER				
PAINTING				
PAVING				
ROOFING				
SEWER/SEPTIC				
SHEET METAL				
SPRINKLERS (FIRE)				
SPRINKLERS (LAWN)				
STEEL (REBAR)				
STEEL (STRUCTURAL)				
TILE				
WEATHER STRIPPING				
WINDOW COVERINGS				

*I certify that the above information is true and correct to the best of my knowledge. I will notify the City of Clovis immediately with any changes to my sub-contractor's list.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_