



REQUIRED CONTRACTOR/SUBCONTRACTOR LIST FOR  
CERTIFICATE OF OCCUPANCY  
Single Family Dwelling

PERMIT #

ADDRESS

BUILDING OFFICIAL

\_\_\_\_\_

\_\_\_\_\_

Mike Roberts

**CONTRACTOR PERFORMING WORK**

	Contractor Name	Address/Phone #	License #	Work Performed
General Contractor				
Electrical Contractor				
Low Voltage Contractor				
HVAC Contractor				
Plumbing Contractor				
Backflow Contractor				

I signify that the information contained in this list is true and accurate at the time this list was submitted to the local building division.

I hereby certify that a minimum of fifty percent (50%) of the permanently installed lighting fixtures shall be fitted with compact or linear fluorescent.

Name \_\_\_\_\_ Date \_\_\_\_\_

**This document to be maintained in the permanent Building File.**