

CITY OF ATHENS SUBCONTRACTOR LIST

OWNER: _____
 PROJECT ADDRESS: _____
 CONTRACTOR: _____
 CONTACT TELEPHONE: _____

INITIAL PERMIT DATE: _____
 FINAL PERMIT DATE: _____

	NAME	ADDRESS	PHONE	AMOUNT PAID
<input type="checkbox"/> ALARM SYSTEM:	_____	_____	_____	_____
<input type="checkbox"/> CABINETS:	_____	_____	_____	_____
<input type="checkbox"/> CAULKING:	_____	_____	_____	_____
<input type="checkbox"/> CENTRAL VACUUM:	_____	_____	_____	_____
<input type="checkbox"/> CONCRETE:	_____	_____	_____	_____
<input type="checkbox"/> COUNTERTOPS:	_____	_____	_____	_____
<input type="checkbox"/> DECKS:	_____	_____	_____	_____
<input type="checkbox"/> DRYWALL FINISHER:	_____	_____	_____	_____
<input type="checkbox"/> DRYWALL HANGER:	_____	_____	_____	_____
<input type="checkbox"/> DUMPSTER:	_____	_____	_____	_____
<input type="checkbox"/> ELECTRICAL:	_____	_____	_____	_____
<input type="checkbox"/> EXCAVATION:	_____	_____	_____	_____
<input type="checkbox"/> EXTERMINATOR:	_____	_____	_____	_____
<input type="checkbox"/> FLOORING:	_____	_____	_____	_____
<input type="checkbox"/> FRAMING:	_____	_____	_____	_____
<input type="checkbox"/> GARAGE DOORS:	_____	_____	_____	_____
<input type="checkbox"/> GAS:	_____	_____	_____	_____
<input type="checkbox"/> GLASS WORK:	_____	_____	_____	_____
<input type="checkbox"/> GUTTERS:	_____	_____	_____	_____
<input type="checkbox"/> HVAC:	_____	_____	_____	_____
<input type="checkbox"/> INSULATION:	_____	_____	_____	_____
<input type="checkbox"/> INTERIOR DECORATION:	_____	_____	_____	_____
<input type="checkbox"/> INTERIOR TRIM:	_____	_____	_____	_____
<input type="checkbox"/> IRON WORK:	_____	_____	_____	_____
<input type="checkbox"/> IRRIGATION:	_____	_____	_____	_____
<input type="checkbox"/> LANDSCAPING:	_____	_____	_____	_____
<input type="checkbox"/> MASONRY:	_____	_____	_____	_____
<input type="checkbox"/> PAINTING:	_____	_____	_____	_____
<input type="checkbox"/> PAVING:	_____	_____	_____	_____
<input type="checkbox"/> PLUMBING:	_____	_____	_____	_____
<input type="checkbox"/> PORT-O-LETS:	_____	_____	_____	_____
<input type="checkbox"/> ROOFING:	_____	_____	_____	_____
<input type="checkbox"/> SIGN:	_____	_____	_____	_____
<input type="checkbox"/> SEPTIC TANK:	_____	_____	_____	_____
<input type="checkbox"/> STAIRCASE:	_____	_____	_____	_____
<input type="checkbox"/> SWIMMING POOL:	_____	_____	_____	_____
<input type="checkbox"/> VINYL SIDING:	_____	_____	_____	_____
<input type="checkbox"/> WALLPAPER:	_____	_____	_____	_____
<input type="checkbox"/> SUPPLIERS:	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/> INSTALLERS:	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

ALL SUBCONTRACTORS MUST BE LICENSED PRIOR TO STARTING WORK OR PENALTIES AND INTEREST WILL BE CHARGED. IT IS THE RESPONSIBILITY OF THE OWNER OR GENERAL CONTRACTOR TO INSURE ALL CONTRACTORS ARE LISTED AND LICENSED. A FINAL SUB LIST MUST BE TURNED IN BEFORE REQUEST FOR FINAL INSPECTION. **PLEASE FAX TO 233-8791.**

I HAVE FULLY COMPLETED THE ABOVE INFORMATION. I HAVE ALSO REVIEWED AND FULLY UNDERSTAND THE ABOVE AND AGREE TO IT BY SIGNING BELOW.

_____ DATE: _____

