

**CONTRACTOR INFORMATION SHEET**

PERMIT APPLICANT: \_\_\_\_\_  
APPLICANT'S ADDRESS: \_\_\_\_\_  
GENERAL CONTRACTOR: \_\_\_\_\_  
LOCATION OF CONSTRUCTION SITE \_\_\_\_\_

**PLEASE FURNISH THE FOLLOWING INFORMATION FOR ALL  
SUBCONTRACTORS PERFORMING SERVICES AT THIS SITE.  
A PERMIT WILL NOT BE ISSUED WITHOUT A BUSINESS LICENSE.**

ARCHITECTURE: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ENGINEERING: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

SURVEYOR: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EXCAVATION: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE WORK: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONCRETE: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MASONRY: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FRAMING: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TRIM: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE. \_\_\_\_\_

ELECTRICAL: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PLUMBING: COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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**DRYWALL:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PAINTING:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**FLOOR COVERING:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**GLAZING:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**ACOUSTICAL CEILINGS:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**FIXTURES:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**SIDING/  
GUTTERS:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**HVAC:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**INSULATION:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**LANDSCAPE:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PAVING:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**FIRE PROTECTION:** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**ALARM SYSTEM/** COMPANY \_\_\_\_\_ LIC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**COMMUNICATIONS**

**PLEASE COMPLETE THIS FORM AND RETURN TO CITY HALL, 117 WEST CEDAR ST. FRANKLIN, KY.  
THE ABOVE INFORMATION WAS RECEIVED AND VERIFIED BY CITY HALL**

**DATE** \_\_\_\_\_ **CLERK'S SIGNATURE** \_\_\_\_\_