



CONTRACTOR INFORMATION SHEET

Permit #: _____

Application will be denied if not fully complete.

Please provide the necessary information for each contractor and sub-contractor to the fullest extent possible.

Notify the Planning & Building Department of any change of contractor or sub-contractor.

Required with every permit application

S T A M P

Registration of Business Required per Franklin County Code Ch. 5.04.020.

A. Business registration is required for conformance with local and/or state laws. In the course of regulating businesses and occupation under its authority, Franklin County may require businesses and occupations affected with a public interest to obtain a business registration.

B. Where the ordinances of the County require a registration or fee for the conduct of any business, occupation or activity, no person shall engage in such business, occupation, or activity within the unincorporated areas of Franklin County unless said person has a valid county business registration.

Property Owner: _____

APPROVED BY:

Jobsite Address/Parcel Number: _____

General Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Excavation Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Footings & Foundation Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Concrete / Flatwork Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Plumbing Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Continued on next pages >>>>

HVAC Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Framing Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Roofing Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Masonry Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Insulation Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Drywall Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Painting Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Interior Flooring Contractor*Office Review:* _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Electrical Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Landscaping Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Septic System Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Well Driller Contractor

Office Review: _____

Company Name: _____

Business Address: _____

E-mail Address: _____

Phone Number: _____

UBI Number: _____

County Business License #: _____

Contractor Notes/Additional Comments: _____

OFFICE NOTES: _____

