Sub-Contractor List for Permit Application

Complete list of all persons contracting work on this project must be identified. These persons must be licensed in Meade County as contractors, working within the scope of their licenses.

Please identify the following contractors working on this project and their license numbers.

Building / General / Residential: ____________________________

Pool Contractor: ____________________________

Air Conditioning/Mechanical: ____________________________

Plumbing Contractor: ____________________________

Electrical Contractor: ____________________________

Excavating Contractor: ____________________________

Roofing Contractor: ____________________________

Aluminum Specialty Contractor: ____________________________

Asphalt /Concrete Paving Contractor: ____________________________

Cabinet and Millwork Contractor: ____________________________

Carpentry – Framing Contractor: ____________________________

Concrete / Masonry Contractor: ____________________________

Demolition Contractor: ____________________________

Land Clearing Contractor: ____________________________

Fence Contractor: ____________________________

Finish Carpentry Contractor: ____________________________

Garage Door Installation Contractor: ____________________________

Glass and Glazing Contractor: ____________________________

Gutter and Downspout Contractor: ____________________________

Insulation Contractor: ____________________________

Painting Contractor: ____________________________

Plastering / Stucco Contractor: ____________________________
Reinforcing Steel Contractor: ____________________________

Septic Contractor: ____________________________

Structural Steel Erection Contractor: ____________________________

Tile and Marble Contractor: ____________________________

Other Contractor: ____________________________

If there are any questions as to who should be listed, please call the Equalization and Planning Department. Any person with whom a contract is made to perform construction services should be identified. 605.347.3818

Name of Applicant: ____________________________ □ Owner □ Contractor

Signed by: ____________________________ Date: _____ / _____ / _________