

Signature of Contractor or Owner/Builder

CITY OF CAPITOLA CAPITOLA CALIFORNIA 95010 420 CAPITOLA AVENUE TELEPHONE 831-475-7300 FAX 831-479-8879

## **Subcontractors' Business License List**

This list is to be provided to the City of Capitola Building Department prior to final inspection being scheduled. All subcontractors working in the City of Capitola are required to have a City Business License.

Project Address:	Building Permit #
G	eneral Contractor or Owner/Builder
Name:	Phone:
Address:	License #:
	E-Mail:
	Subcontractors
Name:	Name:
Address:	Address:
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
Dhana #	Dhana #
Phone #: License #:	Phone #: License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
Address.	Address.
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
Address.	Address.
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
<b>5.</b> "	
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
Name:	Name:
Address:	Address:
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Phone #:	Phone #:
License #:	License #:
E-Mail:	E-Mail:
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Print Name

Date