

ROSTER OF SUB-CONTRACTORS

County of Spotsylvania

Business License

PO Box 175

Spotsylvania VA 22553

Phone: 540.507.7051 Fax: 540.582.7190

REQUIRED IF FAIR MARKET VALUE LISTED ON BUILDING APPLICATION IS \$75,000 OR GREATER

TODAY'S DATE: _____	TOTAL CONTRACT AMOUNT: \$ _____ (If land is part of contract, please include in this amount.)
APPLICATION # _____	APPLICANT/OWNER _____
BUILDING PERMIT # _____	_____
LOT/PARCEL _____	Address _____
	City _____ State _____ Zip _____
SUBDIV/ST RT _____	Phone # (H) _____ (W) _____

You are required by Section 11.1-15 of the Spotsylvania County Code to submit to this office a roster of all sub-contractors who have performed or will perform work under your building permit cited above. The provisions of this section apply to (A) Homeowners acting as general contractors, (B) General Contractors, (C) Sub-Contractors, (D) Builders & Developers, (E) Tenants and (F) other persons applying for permits.

This form must be completed, notarized and returned to the Business License office by 2:30 p.m. one day prior to requesting a final inspection and certificate of occupancy.

GENERAL CONTRACTOR

Name _____ Phone # (____) _____
Address _____ Zip _____
Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____

SUB-CONTRACTORS

Name _____ Type of Work _____
Address _____ Zip _____ Value \$ _____
Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____

Name _____ Type of Work _____
Address _____ Zip _____ Value \$ _____
Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____

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Address _____ Zip _____ Value \$ _____
Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____

Name _____ Type of Work _____
Address _____ Zip _____ Value \$ _____
Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____



Your request will be denied if the notary section on the back is not completed.

Name _____ Type of Work _____
 Address _____ Zip _____ Value \$ _____
 Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____/____

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 Address _____ Zip _____ Value \$ _____
 Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____/____

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Name _____ Type of Work _____
 Address _____ Zip _____ Value \$ _____
 Spotsy Co Business License # _____ SSN # ____/____/____ Fed ID # ____/____/____

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I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Signature (must be signed in the presence of a notary)

Title

State of Virginia
 County of Spotsylvania To-Wit:

I, _____, Notary Public in and for the County aforesaid, in the State of Virginia, do certify that _____ whose name is signed to the foregoing roster, acknowledged the same before me in my County aforesaid.

Given under my hand this ____ day of _____, 20__.

Notary Public

Commission Expires