



# ROSTER OF SUB-CONTRACTORS

**County of Spotsylvania**  
**Business License**  
**PO Box 175 / 9104 Courthouse Rd**  
**Spotsylvania, VA 22553**  
**Phone: 540.507.7051 Fax: 540.582.7190**

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

Date	Total Contract Amount (If land is part of the contract, please include in this amount.) \$		
Application#	Building Permit #	Lot/Parcel	Subdivision/State Route
Applicant /Owner's Name			
Mailing Address	City	State	Zip
Phone	Email Address		

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 is to 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 or email:	
Mailing Address:		City	State Zip
Business License #	SSN #	Fed ID #	Va State #

● **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 #

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 #

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

**Your request will be denied if the notary section is not completed on page 2.**

**Application #**

**Permit #**

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 #

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 #

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 #

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

**PLEASE COMPLETE THE SIGNATURE & NOTARY SECTION BELOW.**

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

\_\_\_\_\_  
Signature (sign 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