



ROSTER OF SUB-CONTRACTORS

County of Spotsylvania
Business License
PO Box 175 / 9104 Courthouse Rd
Spotsylvania, VA 22553

Ya UJ . Wf4 gdc hgnj Ub]U'j U'i g'''D\ cbY. 'f) (\$£) \$+! +\$) %'' : Ul . f) (\$£) , &! +% \$

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.) \$		
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**

Applicant /Owner's Name			
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.

Building Permit #

Lot/Parcel

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