



**ROSTER OF SUB-CONTRACTOR(S) TOWN OF COLONIAL BEACH  
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**

315 Douglas ave., Colonial Beach VA 22443  
Phone: (804)224-7181 Fax: (804) 224-7185  
[www.colonialbeachva.gov](http://www.colonialbeachva.gov)

YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE A ROSTER OF ALL SUB-CONTRACTORS WHO HAVE PERFORMED OR WILL PERFORM WORK UNDER YOUR BUILDING PERMIT CITED HEREIN.

CHAPTER 13 OF THE TOWN OF COLONIAL BEACH CODE

REQUIRES THAT ALL SUBCONTRACTORS WORKING UNDER THIS PERMIT TO OBTAIN A COLONIAL BEACH BUSINESS LICENSE. THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED TO THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT OFFICE BY 12:30 P.M. ONE DAY PRIOR TO REQUESTING ROUGH-IN INSPECTIONS.

Date:	Total Contract Amount \$
Permit #	
Owner:	
Subdivision Name:	Lot /Parcel #
Street Name & Number	
Phone #Home:	Work: Cell:
E-mail Address:	
<b>GENERAL CONTRACTOR</b>	
Name:	
Address:	
Phone #Home:	Work: Cell:
E-mail Address:	
Colonial Beach Business License #	Fed ID #
State Contractor License #	Value\$
<b>SUB-CONTRACTORS</b>	
<b>MECHANICAL:</b>	
Name:	Type of Work:
Address:	
Phone #Home:	Work: Cell:
E-mail Address:	
Colonial Beach Business License #	Fed ID #
State Contractor/Tradesman License #	Value\$
<b>ELECTRICAL:</b>	
Name:	Type of Work:
Address:	
Phone #Home:	Work: Cell:
E-mail Address:	
Colonial Beach Business License #	Fed ID #
Contractor/Tradesman License #	Value\$

<b>PLUMBING:</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
Contractor/Tradesman License #	Value\$	

<b>FRAMING</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
State Contractor License #	Value\$	

<b>INSULATION</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
State Contractor/Tradesman License #	Value\$	

<b>ROOFING</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
Contractor/Tradesman License #	Value\$	

<b>CONCRETE/FOUNDATON/WATERPROOFING</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
Contractor/Tradesman License #	Value\$	

<b>EXCAVATING</b>		
Name:	Type of Work:	
Address:		
Phone #Home:	Work:	Cell:
E-mail Address:		
Colonial Beach Business License #	Fed ID #	
Contractor/Tradesman License #	Value\$	