

TOWN OF COMOX 1809 BEAUFORT AVE COMOX BC V9M 1R9 PHONE: 250-339-2259/FAX: 250-339-7110

## **BUILDERS SUB-CONTRACTOR'S LIST**

To be submitted before occupancy inspection, please retain for later use

CIVIC ADDRESS (CONSTRUCTION LOCATION):			
GENERAL CONTRACTOR NAME:			
SUB-CONTRACTOR	NAME	TELEPHONE #	BUSINESS LICENCE #
EXCAVATION			
FOUNDATIONS			
PLUMBING			
FRAMING			
ELECTRICAL			
INSULATION			
HVAC			
ROOFING			
DRYWALL			
ENGINEER			
ENGINEER			
ARCHITECT/DESIGNER			
CERTIFIED ENERGY ADVISOR			
CONCRETE FLATWORK			
FLOORING			
CERAMIC TILES			
PAINTING/WALL COVERING			
KITCHEN CABINETS			
EXTERIOR DOORS/WINDOW			
EXTERIOR SIDING			
INTERIOR DOORS			
FINISHED CARPENTRY			
LANDSCAPE			
All trades are required to obtain a To and/or Owner of the property to ens the above form to the building depar	ure all sub trades are in posset tment prior to scheduling an	ession of a current business licer occupancy inspection.	
Signature of General Contractor/Own	ner D	Oate ( )	
Print Name			