

BUILDING DIVISION
 BUSINESS LICENSE VERIFICATION
 REQUEST FOR FINAL INSPECTION

FINAL APPROVAL NOT GIVEN UNTIL ALL CONTRACTORS ARE CITY LICENSED

Construction Address:

Permit #

Inspector Name

Phone:

Owner:

Address:

General Contractor:

Phone:

Address:

State Contractors License:

San Clemente Business License:

The subcontractors used on the above project are as follows:

	City License	State License	Name	Address Street, City, Zip	Date Work Started and Ended
General Contractor					
Electrical					
Plumbing					
Heating/AC					
Cabinet					
Concrete					
Clean-Up					
Drywall					
Fencing					
Flooring					
Framing					
Glazing					
Grading/Paving					
Insulation					
Landscaping					
Lathing					
Lumber Delivery					
Masonry					
Om. Metals					
Painting					
Plastering					
Roofing					
Sanitation System					
Sheet Metals					
Steel Reinf.					
Swim Pools					
Tile					

I CERTIFY THAT THE ABOVE NAME CONTRACTORS WERE EMPLOYED DURING THE COURSE OF CONSTRUCTION.

Date: _____ **Signed:** _____ **Title:** _____

Business License Approval: _____ **Date:** _____