



CITY OF  
**PICKERINGTON**

**INCOME TAX DEPARTMENT**  
**GENERAL CONTRACTOR'S CERTIFICATION OF SUB-CONTRACTORS**  
(Please complete and return with permit application)

JOB LOCATION:

**GENERAL CONTRACTOR**

COMPANY NAME:	
PHONE NUMBER:	
ADDRESS:	(City, State & Zip Code)
CONTACT NAME:	
FID/SSN #:	
Project Start Date:	Estimated Completion Date:

**SUB-CONTRACTORS**

TYPE OF WORK TO BE PERFORMED:			
COMPANY:		CONTACT:	
STREET:	CITY	STATE	ZIP
OFFICE PHONE:		CONTACT PHONE:	
FID/SSN:		EMAIL:	

TYPE OF WORK TO BE PERFORMED:			
COMPANY:		CONTACT:	
STREET:	CITY	STATE	ZIP
OFFICE PHONE:		CONTACT PHONE:	
FID/SSN:		EMAIL:	

TYPE OF WORK TO BE PERFORMED:			
COMPANY:		CONTACT:	
STREET:	CITY	STATE	ZIP
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