

INCOME TAX DEPARTMENT

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

JOB LOCATION:						
GENERAL CONTI	RACTOR					
COMPANY NAME:						
PHONE NUMBER:						
ADDRESS:	(City, State & Zip Code)					
CONTACT NAME:			5	-		
FID/SSN #:						
Project Start Date:		Estimated Completion Date:				
SUB-CONTRACTO				,		
TYPE OF WORK TO BE PERFO	ORMED:					
COMPANY:		CONTACT:				
STREET:	CITY		STATE	ZIP		
OFFICE PHONE:		CONTACT PHONE:				
FID/SSN:		EMAIL:				
TYPE OF WORK TO BE PERFO	DRMED:					
COMPANY:		CONTACT:				
STREET:	CITY		STATE ZIP			
	OH			ZIF		
OFFICE PHONE:	Ŧ	CONTACT PHONE:				
FID/SSN:		EMAIL:				
TYPE OF WORK TO BE PERFO	DRMED:					
COMPANY:		CONTACT:				
STREET:	CITY		STATE	ZIP		
OFFICE PHONE:		CONTACT PI	CONTACT PHONE:			
FID/SSN:	D/SSN:		EMAIL:			

	CONTACT:			
CITY		STATE	ZIP	
	CONTACT PHO	NE:		
7-1-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-	EMAIL:			
-				
	CONTACT:			
CITY		STATE	ZIP	
	CONTACT PHONE:			
	EMAIL:			
	1			
	CONTACT:			
CITY		STATE	ZIP	
	CONTACT PHONE:			
	EMAIL:			
	CONTACT:			
CITY		STATE	ZIP	
	CONTACT PHONE:			
	EMAIL:			
	CONTACT:			
CITY		STATE	ZIP	
	CONTACT PHON	NE:		
		EMAIL:		
	CITY	CONTACT PHO EMAIL: CONTACT: CONTACT:	CONTACT: CONTAC	