



SUB CONTRACTOR LIST

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ PLAN _____

GENERAL CONTRACTOR: _____ PHONE # _____

PROJECT MANAGER: _____ PHONE# _____

The following information should be provided along with your Building Permit Application. Failure to provide this information may result in a permit approval delay. Subcontractor's "**Business Names**" are required for subcontractors providing services on site. **It is the responsibility of the Owner/General Contractor to ensure that all contractors and sub-trades working on his building shall be licensed to work in High River.** If any of the said contractors or sub-trades does not pay the license fee the Owner/General Contractor will be billed in that amount.

Subcontractors:

Excavator _____	Address _____	Phone _____
Cribbor _____	Address _____	Phone _____
Gravel Supplier _____	Address _____	Phone _____
Concrete Work _____	Address _____	Phone _____
Cement Finisher _____	Address _____	Phone _____
Framer _____	Address _____	Phone _____
Plumbing Contractor _____	Address _____	Phone _____
Electrical Contractor _____	Address _____	Phone _____
Gas Contractor _____	Address _____	Phone _____
Heating Contractor _____	Address _____	Phone _____
Insulator _____	Address _____	Phone _____
Drywaller _____	Address _____	Phone _____
Drywall Tapers _____	Address _____	Phone _____
Ceiling Textures _____	Address _____	Phone _____
Painters _____	Address _____	Phone _____
Finisher _____	Address _____	Phone _____
Cabinet Finisher _____	Address _____	Phone _____
Railing Finisher _____	Address _____	Phone _____
Flooring _____	Address _____	Phone _____
Exterior Railing _____	Address _____	Phone _____
Siding / Stucco Contractor _____	Address _____	Phone _____
Masonry Contractor _____	Address _____	Phone _____
Grading Contractor _____	Address _____	Phone _____
Landscaper _____	Address _____	Phone _____
Roofer _____	Address _____	Phone _____
Eaves Troughs _____	Address _____	Phone _____
Pre-cast Steps _____	Address _____	Phone _____
Interior/Exterior Cleaners _____	Address _____	Phone _____
Over Head Doors _____	Address _____	Phone _____
Other _____	Address _____	Phone _____