

SUB-CONTRACTOR ROSTER SHEET

Roanoke County / Town of Vinton - Community Development 5204 Bernard Dr. / P.O. Box 29800 Phone 540-772-2065 Roanoke, VA 24018 Fax 540-772-2108



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JOB INFORMATION		ate:	Job Amount:			
		pplicant / Owner:	\$			
		Applicant / Owner.				
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You are required by Section 7-19 of the Roanoke County Code to submit a roster of all sub-contractors who are performing work under the						
building	building permit applied for. The provisions of this section apply to Owners acting as General Contractors, General Contractors, Sub-					
	Contractors, Builders and Developers, Tenants and other persons applying for permits. This form must be completed and returned along					
	with your permit application.					
I, the undersigned, declare under the penalty of law that the following information is true, correct, and complete to the best of my						
knowledge.						
SIGNATU	IRE		TIT	TLE		
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MECHANICS LIEN AGENT	ב ב	Business Name:	Phone #:			
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GENERAL	Na	ame:			Phone #:	
	Address:			City / State /Zi	City / State /Zip:	
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ROSTER OF SUB-CONTRACTORS (Include RLD if a Please write as it appears on the Contractors License						
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ST	Stat	State License #: Exp. Date:			Roanoke Co. Bus. Lic. #:	
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Type of work: Value of work: Name: Phone #: Address: City / State /Zip: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Value of work: Type of work: \$ Name: Phone #: Address: City / State /Zip: Exp. Date: State License #: Roanoke Co. Bus. Lic. #: Type of work: Value of work: \$ Name: Phone #: Address: City / State /Zip: ROSTER OF SUB-CONTRACTORS (Include RLD if applicable) Please write as it appears on the Contractors License State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Type of work: Value of work: \$ Name: Phone #: Address: City / State /Zip: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Type of work: Value of work: Name: Phone #: Address: City / State /Zip: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Type of work: Value of work: Name: Phone #: Address: City / State /Zip: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Value of work: Type of work: \$ Name: Phone #: City / State /Zip: Address: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: Type of work: Value of work: Phone #: Name: City / State /Zip: Address: State License #: Exp. Date: Roanoke Co. Bus. Lic. #: