CITY OF SAUSALITO
SUBCONTRACTOR LIST

This Subcontractor List must be posted at the job site with the Job Card Inspection Record.

The general contractor is responsible for ensuring **ALL** subcontractors are listed below and have obtained and maintained a valid City of Sausalito Business License. Subcontractors should contact the Building Division at 415-289-4128 to obtain a Business License. Prior to the final inspection, a completed copy of this Subcontractors List must filed with the Building Division. **The Building Division staff will verify that all subcontractors have maintained a valid Sausalito Business License prior to proceeding with the final inspection.**

JOB ADDRESS: _____ DATE: _____

OWNER: _____ GENERAL CONTRACTOR: _____

EXCAVATION Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**MECHANICAL** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
REINFORCEMENT STEEL/CONCRETE Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**ELECTRICAL** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
MASONRY Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**FIREPLACE** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
FRAMING Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**ROOFING** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
PLUMBING Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**DRY WALL** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____

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PLASTER Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**PAINTING** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
GLAZING Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**TILE** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
CABINETS Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**ORNAMENTAL IRONWORK** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
COUNTERTOPS Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**LANDSCAPING** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____
FLOOR COVERING Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____	**OTHER** Name _____ Address _____ _____ Phone # _____ Bus. Lic. # _____ Contractor Lic. # _____

Verified By: _____ Date: _____