



P O Box 217, Pickens, SC 29671 • 864-878-6421 • Fax 864-878-0450 • www.cityofpickens.com

Project Name _____

Address of job site _____ Pickens, SC 29671

Prime Contractor _____

Name of Contact _____

Address _____

Office Phone _____ Fax _____ Cell _____

Total Valuation of Project _____

<u>Type of Work</u>	<u>Name & Address of Sub-Contractor</u>	<u>Cost of Job</u>
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Lot clearing	_____	_____

Grading	_____	_____

Pest Control	_____	_____

Footing/Slab	_____	_____

Framing

Roofing

Brick/Block Mason

Electrical

Plumbing

Mechanical

Gas

Fire Sprinkler

Sheet Metal

Glass Installer

Drywall

Insulation

Painting

Carpentry

Flooring

Alarm System

Wallpaper
Installation

Cabinets

Garage Door
Installation

Gutters

Signs

Fencing

Cleaning

Irrigation

Landscaping

Parking Lot

Paving/Striping

Curbs & Gutters

Asphalt/Concrete

Other

_____	_____

Other

_____	_____

Other

_____	_____

Other

_____	_____

TOTAL

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The prime contractor is responsible for all sub-contractors' business licenses.

Each prime contractor shall file with the **City of Pickens** Business License Official a list of sub-contractors furnishing labor or materials for each project.

I, the prime contractor, certify that the information listed above is, to the best of my knowledge and belief, true, correct, and complete. If any information changes, I will supply that information to the **City of Pickens**.

Signature

Printed Name

Date