



Subcontractors List

P.O. Box 1479, Pelham, Alabama 35124 | 205.620.6411
permits@pelhamalabama.gov

This form must be completed and presented to the Building Department when you permit is issued. You must list all subcontractors who will be working on your job.

GENERAL CONTRACTOR: _____

CONTRACTORS ADDRESS: _____

PHONE: _____ PERMIT NUMBER: _____ STATE LICENSE: _____

JOB SITE: _____

AC / HEATING

NAME: _____

ADDRESS: _____

PHONE: _____

ALARM SYSTEM

NAME: _____

ADDRESS: _____

PHONE: _____

CABINETS / BOOKCASES

NAME: _____

ADDRESS: _____

PHONE: _____

CARPENTERS / FRAMING

NAME: _____

ADDRESS: _____

PHONE: _____

CEILING / ACOUSTICAL

NAME: _____

ADDRESS: _____

PHONE: _____

CLEAN UP

NAME: _____

ADDRESS: _____

PHONE: _____

CONCRETE

NAME: _____

ADDRESS: _____

PHONE: _____

DEBRIS HAULER

NAME: _____

ADDRESS: _____

PHONE: _____

ELECTRICIAN

NAME: _____

ADDRESS: _____

PHONE: _____

ELEVATOR SHAFTS

NAME: _____

ADDRESS: _____

PHONE: _____

EXTERMINATOR

NAME: _____
ADDRESS: _____

PHONE: _____

FLOORING

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

GRADING / EXCAVATING

NAME: _____
ADDRESS: _____

PHONE: _____

INSULATION

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

MASONRY

NAME: _____
ADDRESS: _____

PHONE: _____

ORNAMENTAL METAL

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

INTERIOR DECORATOR

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

FENCING

NAME: _____
ADDRESS: _____

PHONE: _____

GLASS

NAME: _____
ADDRESS: _____

PHONE: _____

GARAGE DOORS

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

LANDSCAPING / SHRUBS

NAME: _____
ADDRESS: _____

PHONE: _____

METAL WALLS / PANELS

NAME: _____
ADDRESS: _____

PHONE: _____
CIRCLE ONE: Supplier Installer Both

PAINTER

NAME: _____
ADDRESS: _____

PHONE: _____

PLUMBING / GAS

NAME: _____
ADDRESS: _____

PHONE: _____

PRECAST / ROOF / DECKS

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

ROOFING

NAME: _____
ADDRESS: _____

PHONE: _____

SEPTIC TANK

NAME: _____
ADDRESS: _____

PHONE: _____

ST. STEEL BUILDING

NAME: _____
ADDRESS: _____

PHONE: _____

SHEETROCK / HANGING

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

STEEL PACING / ERECTION

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

TILE / ALL TYPES

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

ROADS / STREET / DRIVEWAY

NAME: _____
ADDRESS: _____

PHONE: _____

SIDING

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

SHEET METAL

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

SHEETROCK / FINISHING

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

SPRINKLER SYSTEM

NAME: _____
ADDRESS: _____

PHONE: _____

SWIMMING POOL

NAME: _____
ADDRESS: _____

PHONE: _____

WALLPAPER

NAME: _____
ADDRESS: _____

PHONE: _____

CIRCLE ONE: Supplier Installer Both

