



City of Williamsport

245 West 4th Street
Williamsport, PA 17701
(570) 327-7500

Bureau of Codes

Sub-Contractor Information Sheet

Date: _____

Business Information

Please identify each sub-contractor that will be present on location. Each individual sub-contractor must present either a State Registration Certificate OR a valid City of Williamsport registration card.

Job Name (if applicable):

Job Location:

General Contractor:

Phone:

Email:



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Sub-Contractor 1 Information

Business Name:

Contact First Name:

Contact Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Registration Information:

- State Registration Certificate (must be attached)
 Valid City Registration Card

Expiration Date:

How long will this contractor be "actively" working on the site?

What type of work will this contractor be performing?

- Excavation
 Masonry
 Framing
 Electrical
 Plumbing

- HVAC
 Drywall
 Insulation
 Roofing
 Other

Other, please specify:



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Sub-Contractor 2 Information

Business Name:

Contact First Name:

Contact Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Registration Information:

- State Registration Certificate (must be attached)
 Valid City Registration Card

Expiration Date:

How long will this contractor be "actively" working on the site?

What type of work will this contractor be performing?

- Excavation
 Masonry
 Framing
 Electrical
 Plumbing

- HVAC
 Drywall
 Insulation
 Roofing
 Other

Other, please specify:



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Sub-Contractor 3 Information

Business Name:

Contact First Name:

Contact Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Registration Information:

State Registration Certificate (must be attached)

Valid City Registration Card

Expiration Date:

How long will this contractor be "actively" working on the site?

What type of work will this contractor be performing?

Excavation

Masonry

Framing

Electrical

Plumbing

HVAC

Drywall

Insulation

Roofing

Other

Other, please specify:



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Sub-Contractor 4 Information

Business Name:

Contact First Name:

Contact Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Registration Information:

- State Registration Certificate (must be attached)
 Valid City Registration Card

Expiration Date:

How long will this contractor be "actively" working on the site?

What type of work will this contractor be performing?

- Excavation
 Masonry
 Framing
 Electrical
 Plumbing

- HVAC
 Drywall
 Insulation
 Roofing
 Other

Other, please specify:



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Sub-Contractor 5 Information

Business Name:

Contact First Name:

Contact Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Registration Information:

- State Registration Certificate (must be attached)
 Valid City Registration Card

Expiration Date:

How long will this contractor be "actively" working on the site?

What type of work will this contractor be performing?

- Excavation
 Masonry
 Framing
 Electrical
 Plumbing

- HVAC
 Drywall
 Insulation
 Roofing
 Other

Other, please specify: