



Coos County Community Development

Mailing Address: 250 N. Baxter, Coquille, Oregon

60 E. Second St., Coquille OR 97423

Planning, Building, Onsite and Enforcement

Phone: 541-396-7770

Fax: 541-266-1146

Permit #

Date:

Staff:

www.co.coos.or.us

TDD (800) 735-2900

NOTIFICATION OF CONTRACTOR LICENSE INFORMATION

INTRODUCTION

OAR 918-480-0140 and Section R110 of the Oregon Residential Specialty Code require a general contractor or owner who was issued a structural permit for construction to provide to the building official the contact information and relevant license information for the general contractor, electrical contractor, plumbing contractor, and HVAC contractor that performed work on the residential dwelling or townhouse.

This form must be used to provide notification to the Building Official.

This completed and signed form may either be delivered, mailed, or emailed to the address on this form.

PERMIT INFORMATION

Permit number: _____

Project address: _____

City: _____

County: _____

CONTRACTOR INFORMATION

General contractor name: _____

CCB license #: _____

Contractor address: _____

HVAC contractor name: _____

CCB license #: _____

Contractor address: _____

Plumbing contractor name: _____

BCD license #: _____

CCB license #: _____

Contractor address: _____

Electrical contractor name: _____

BCD license #: _____

CCB license #: _____

Contractor address: _____

SUB-CONTRACTOR INFORMATION

Additional sub-contractor name: _____ CCB license #: _____ Contractor address: _____	Additional sub-contractor name: _____ CCB license #: _____ Contractor address: _____
Additional sub-contractor name: _____ CCB license #: _____ Contractor address: _____	Additional sub-contractor name: _____ CCB license #: _____ Contractor address: _____
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ACKNOWLEDGEMENT

I hereby acknowledge that I am the general contractor or owner for the permit at the listed address. The required contact information and relevant license information specified in OAR 918-480-0140 and ORSC R110 is provided on this form. Failure to submit this form will delay issuance of a Certificate of Occupancy.

Signature:

By signing electronically, I agree that this agreement may be electronically signed. I agree my electronic signature on this certification is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

Name (Printed): _____

Date: _____