

Bryan County Board of Commissioners

Department of Planning & Zoning



SUBCONTRACTORS LISTING

Owner's Name: _____ PIN#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Residential Contractor: _____

Phone: _____ GA State License #: _____

I certify that the following list contains all sub-contractors associated with this project to date. I realize that before the above requested inspection can be approved, this form must be completed and submitted to the Planning & Zoning Office of Bryan County.

Applicant Signature

Date

** If the work is being performed by employees of the General Contractor, please indicate EMPLOYEE.

Contractors Name	Address	State License #	Contract Value
Mason:			
Frame Carpenter:			
Roofer:			
Heating & AC:			
Plumbing:			
Electrical:			
Gas:			