



7170 Cheam Avenue
 P.O. Box 70
 Agassiz, BC V0M 1A0
 Phone: (604) 796-2235
 Fax (604) 796-9854

SUB-CONTRACTOR – BUSINESS LICENCE

PROJECT ADDRESS: _____ PERMIT # _____

NO INSPECTIONS WILL BE PERFORMED ON A PROJECT WHERE A CONTRACTOR IS WORKING WITHOUT A VALID BUSINESS LICENCE.
ALL SUB-CONTRACTORS working on your project must be identified on this form and submitted to the Building Department in order to confirm that each has a valid District of Kent Business Licence **PRIOR** to requesting a framing inspection.

CONTRACTOR	BUSINESS NAME	ADDRESS	TELEPHONE
Excavation			
Deck Covering			
Perimeter Drain			
Services			
Framing			
Electrical			
Heating			
Plumbing			
Roofing			
Masonry			
Wood Stove			
Gutters			
Outside Finishing/Siding			
Insulation			
Drywall			
Finish Carpentry			
Painting			
Concrete Finishing/Placing			
Landscaping/Bobcat			
Exterior Railings			
Interior Railings/Handrails			
Security System			
Central Vacuum			
General Contractor			

OWNER/AGENT _____
 SIGNATURE

PRINT NAME _____

DATED: _____