

## **Notification of Contractor License Information**

City of Gearhart Building Department 698 Pacific Way, Gearhart, OR 97138

Mailing address: P.O. Box 2510, Gearhart, OR 97138

Phone: 503-738-5501 • Web: www.cityofgearhart.com • Email: building@cityofgearhart.com • buildingofficial@cityofgearhart.com

## 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 or mailed to the address on this form, or emailed to Building@cityofgearhart.com.

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