



# Contractor Form

Town of Garner Inspections Department  
900 7th Avenue, Garner, NC 27529  
Phone: 919-773-4433  
Email Completed Form to  
inspectionsandpermits@garnernc.gov

Date Rec'd
Permit #

Project or Subdivision name: \_\_\_\_\_  
Lot/Suite/Building # \_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_

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General Contractor (Co Name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License # \_\_\_\_\_ Classification: \_\_\_\_\_ Res \_\_\_\_\_ Bldg \_\_\_\_\_ Limited \_\_\_\_\_ Intermediate \_\_\_\_\_ Unlimited \_\_\_\_\_  
 CONTRACTOR EMAIL: \_\_\_\_\_  
 Workers' Compensation # : \_\_\_\_\_ Expiration date: \_\_\_\_\_ (PROVIDE COPY OF CERTIFICATE)  
 General Contractor/Authorized Signature: \_\_\_\_\_

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Electrical Contractor (Co Name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ # of Volts \_\_\_\_\_  
 Classification: \_\_\_\_\_ Limited \_\_\_\_\_ Intermediate \_\_\_\_\_ Unlimited \_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_  
 CONTRACTOR EMAIL \_\_\_\_\_  
 Signature of Contractor/Authorized Agent \_\_\_\_\_

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Plumbing Contractor (Co Name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Classification: \_\_\_\_\_ Class I \_\_\_\_\_ Class II \_\_\_\_\_ Owner \_\_\_\_\_ N/A \_\_\_\_\_  
 CONTRACTOR EMAIL \_\_\_\_\_  
 Signature of Contractor/Authorized Agent \_\_\_\_\_

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Mechanical Contractor (Co Name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License# \_\_\_\_\_ Expiration Date \_\_\_\_\_ Classification: \_\_\_\_\_ H- 1 \_\_\_\_\_ H-2 \_\_\_\_\_ H-3 \_\_\_\_\_ Owner \_\_\_\_\_ N/A \_\_\_\_\_  
 Tonnage \_\_\_\_\_ Limitation: \_\_\_\_\_ Class I \_\_\_\_\_ Class II \_\_\_\_\_ Owner \_\_\_\_\_ N/A \_\_\_\_\_  
 CONTRACTOR EMAIL \_\_\_\_\_  
 Signature of Contractor/Authorized Agent \_\_\_\_\_

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Fire Suppression/Alarm/BDA Contractor (Co Name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NC State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sprinkler \_\_\_\_\_ BDA \_\_\_\_\_ Fire Alarm \_\_\_\_\_ Hood Suppression \_\_\_\_\_  
 CONTRACTOR EMAIL \_\_\_\_\_  
 Signature of Contractor/Authorized Agent \_\_\_\_\_

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CONTACT NAME \_\_\_\_\_ Phone \_\_\_\_\_