



Debra Kloske Reason  
 Commissioner of the Revenue  
 P. O. Box 1604  
 Hopewell, VA 23860  
 (804)541-2237



**ROSTER OF CONTRACTORS AND SUBCONTRACTORS**

Bldg Permit # \_\_\_\_\_ Contract Value \$ \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY CONTRACTOR/ OWNER**

Name \_\_\_\_\_

Address \_\_\_\_\_

Person of Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

State License# \_\_\_\_\_ Job Location \_\_\_\_\_

**This form MUST be filed with the Commissioner of the Revenue within 30 days of letting contracts.**

Virginia State Code 58.1-3715, requires contractors that are licensed in a jurisdiction other than The City of Hopewell to also obtain a City of Hopewell license if gross receipts for construction in the city will exceed \$25,000.

City of Hopewell Code Sec. 20-6, also requires all contractors doing work within this jurisdiction to have a current business license.

City of Hopewell Code Sec. 20-26. The Commissioner of Revenue, in performing the duties of such office, shall have authority to require any person having a contractor's license in the city to furnish a list of subcontractors to whom any part of the original contract is sublet, and the amount of such subcontract.

Should you have any questions about these requirements please call the office of the Commissioner of the Revenue at 804-541-2237 between the hours of 8:30am and 5:00pm, Monday through Friday.

Land Clearing: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Concrete: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Excavating: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Masonry: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Carpentry: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Roofing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Electrical: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Plumbing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

HVAC: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Insulation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Dry Wall: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Tile, Flooring: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Painter: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Please list any other contractors that you may have working on this job.

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Contractor's/Owner's Signature