



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