Meade County Zoning Office

516 Fairway Drive Brandenburg, Kentucky 40108 Phone: 270-422-4676 FAX: 270-422-4845

Certification of Contractor / Subcontractor for Building Permits

increby certify and ar	mini that the work i	nemig her tot med	pursuant to	the building permit is	sued for
(Description of Work)					
At:					
(Location of Job Sit	te)				
will be performed by t	the following contra	actor(s):			
		ELECTRICA	1.		
Name of Contractor		ELECTRICA	L.		
Name of Contractor :	(Enter SELF) of all v				
Contractor License H.	•	•			
Contractor KY Unemp	joyment insurance	Account #:			
		PLUMBING	•		
Name of Contractor :	•	LONDING	•		
Traine or contractor .	(Enter SELF) of all v	vark will parfora	and by you n	orcopallu)	•
Contractor License #	(Linter SELF) Or all a	ticonco Evnir	ration Date:	ersonally)	
Contractor Workers C	omn Carrier (Attac	ticelise Expli b Cortificate of I	ation pate:	ersorially)	
Contractor KY Unemp	omp carrier (Attac	it cei filleafe of i	nsurancej: _		
Contractor Kr Offennp	noyment insurance	Account #:			
		CERTIC.			
Name of Cambridge		SEPTIC:			
Name of Contractor :					
Contractor Workers C	omp Carrier (Attac	n Certificate of I	nsurance): _		•
Contractor KY Unemp	lloyment insurance	Account #:			\
			/ CONCTRI	ICTION	
Na		BUILDING	CONSTRU	JCHON:	
Name of Contractor :			· · · · · · · · · · · · · · · · · · ·		
					·
Contractor KY Unemp	loyment Insurance	Account #:			
		SUBCONTE	ACTOD.		
Name of Sub-Contrac				tunatau fau thia Culu	
Sub-Contractor Mork	ers Comp Carrier //	thank Contification	general con	tractor for this Sub:	
Sub-Contractor KY Un				ce):	
Sub-contractor KT Of	employment mour	ance Account #:			
Name of Sub-Contrac	tor ·	6	Seneral Cont	ractor for thic Sub-	
Sub-Contractor Work	ers Comp Carrier I <i>t</i>	ttach Cortificate	of Incurance		
Sub-Contractor KY Un	employment incur	ance Account #	e Oi ilisuranc	·el·	· · · · · · · · · · · · · · · · · · ·
	citipioyment maur	ance Account #.		_	
I understand that I mi	ist provide certifica	tion that each co	entractor and	d/or subcontractor ma	intains sussant VV
Workers Compensation	on insurance and Ke	ntucky i inemnic	wment incur	ance or is not required	intanis current Kr
Kentucky law for all w	ork performed und	er this building r	ermit I furt	her understand that if	contractors are
substituted or added	to this project I mus	t nrovide the co	ntractor info	rmation to the Planni	og and Zoning office
immediately to preclu	de invalidation of n	ny nermit	maccor mile	ination to the Flamin	ig and zoning office
		, porime			
Cianatana da Cara					
Signature of Permit Ap	opiicant	(Date)			
Subscribed and sweet	hafara ma thia	ماممام. ماممام.	20	:_ pa1 — ·	
Kentucky.	neiore me this	uay or	, 20	in Meade County	,, commonwealth of