



BUILDING DEPARTMENT

100 Parkers Mill • Oswego, IL 60543 • (630) 554-2310 • Fax: (630)554-7545
Website: www.oswegoil.org

SUB-CONTRACTOR'S LIST

PROJECT ADDRESS _____ PERMIT # _____

TO ALL GENERAL CONTRACTORS:

Please submit the following Contractor's Names and Addresses.

ASPHALT:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

CARPENTER (TRIM):

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

CONCRETE:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

DAMP PROOFER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

DRYWALL:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____



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ELECTRICIAN:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

EXCAVATOR:

Name: _____
Address: _____
Name of Contact Person: _____
Phone # _____ Fax #: _____

FLOORING INSTALLER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

FRAMER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

GUTTER WORK:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

HVAC:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

INSULATOR:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____



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LANDSCAPER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

MASON:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

PAINTER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

PLUMBER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

ROOFER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

SEWER/WATER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____

SIDER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Fax #: _____



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OTHER:

Name: _____

Address: _____

Name of Contact Person: _____

Phone #: _____ Fax #: _____

*******IMPORTANT*******

IT IS THE GENERAL CONTRACTOR'S RESPONSIBILITY TO MAKE SURE ALL SUBCONTRACTORS ARE PROPERLY REGISTERED WITH THE VILLAGE OF OSWEGO. THIS INCLUDES SUBMITTING THE COMPLETED APPLICATION ALONG WITH THE REGISTRATION FEE, ORIGINAL SIGNED LICENSE & PERMIT BOND, ALL PROPER INSURANCE DOCUMENTATION, AND, IF APPLICABLE, SUBMITTING STATE LICENSES. **THE BUILDING PERMIT WILL NOT BE RELEASED UNTIL ALL CONTRACTORS ARE CURRENTLY REGISTERED.**