

CITY OF SANTA ANA'S FINANCE & MANAGEMENT SERVICES

CONTRACTOR VERIFICATION FORM

Business Tax Section, 20 Civic Center Plaza, First Floor, PO Box 1964, Santa Ana, CA 92702

Email: cvf@santa-ana.org Phone: (714) 647-5447



(For Use By General Contractors / Owner Builder)

JOB SITE ADDRESS:

BUILDING PERMIT NO:	DATE ISSUED:
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NOTE: Please submit completed forms via email to: cvf@santa-ana.org

IMPORTANT NOTICE: Failure to provide **ALL** of the information requested will **delay** the clearance process.

TRADE OR SPECIALTY	SUBCONTRACTOR BUSINESS NAME, ADDRESS & TELEPHONE NO.	STATE CONTRACTOR LICENSE NO.	CITY BUSINESS LICENSE TAX NUMBER	START DATE	END DATE
GENERAL CONTRACTOR					
ACOUSTICAL					
CABINET & MILL WORK					
CARPETING					
CEMENT & CONCRETE					
COMMUNICATION SYSTEMS					
DEMOLITION & HOUSEMOVING					
ELECTRICAL					
ELEVATOR					
EXCAVATION & GRADING					
FENCING					
FIRE PROTECTION					
GLAZING					
HEATING & AIR CONDITIONING					
INSULATION & WEATHERSTRIPPING					
LANDSCAPING & IRRIGATION					
LATHING & DRYWALL					

TRADE OR SPECIALTY	SUBCONTRACTOR BUSINESS NAME, ADDRESS & TELEPHONE NO.	STATE CONTRACTOR LICENSE NO.	CITY BUSINESS LICENSE NO.	START DATE	END DATE
MASONRY					
METAL SASH DOORS					
PAINTING & DECORATING					
PAVING & EARTHWORK					
PLASTERING					
PLUMBING					
REFRIGERATION					
ROOFING & DECKING					
SEWERS & SEWAGE DISPOSAL					
SHEET METAL					
SIGNS (ELECTRICAL)					
STEEL & IRON					
SWIMMING POOLS					
TERRAZO & MOSAIC					
TILE					
WELDING					
OTHER BUILDING TRADESMEN OR INDEPENDENT CONTRACTORS <i>NOT</i> REQUIRED TO BE STATE LICENSED					
TRADE OR SPECIALTY	SUBCONTRACTOR BUSINESS NAME, ADDRESS & TELEPHONE NO.		CITY BUSINESS LICENSE NO.	START DATE	END DATE

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

PRINT NAME

DATE

TITLE