

## Request for Occupation Tax Information

The following list must be filled out and turned into this office with the building permit application

Owner \_\_\_\_\_ Date \_\_\_\_\_

General Contractor \_\_\_\_\_ State License Number

**Job Location** \_\_\_\_\_

|                          | <u>Business Name</u> | <u>Occupation Tax Number</u><br>(Business License Number) | <u>State License Number</u>   |
|--------------------------|----------------------|---|---|
| Footing Contractor       | _____                | _____   | _____   |
| Slab Constructor         | _____                | _____   | _____   |
| Framing Contractor       | _____                | _____   | _____   |
| Electrical Contractor    | _____                | _____   | <span style="background-color: yellow; display: inline-block; width: 100%; height: 15px;"></span> |
| Heating & Air Contractor | _____                | _____   | <span style="background-color: yellow; display: inline-block; width: 100%; height: 15px;"></span> |
| Plumbing Contractor      | _____                | _____   | <span style="background-color: yellow; display: inline-block; width: 100%; height: 15px;"></span> |
| Roofing Contractor       | _____                | _____   | _____   |
| Insulation Contractor    | _____                | _____   | _____   |
| Drywall Contractor       | _____                | _____   | _____   |
| Painting Contractor      | _____                | _____   | _____   |
| Carpet Contractor        | _____                | _____   | _____   |
| Brick Mason              | _____                | _____   | _____   |
| Siding Contractor        | _____                | _____   | _____   |
| Cornice & Eaves          | _____                | _____   | _____   |
| Well Driller             | _____                | _____   | _____   |
| Landscaper               | _____                | _____   | _____   |
| Land Clearing            | _____                | _____   | _____   |
| Septic Tank              | _____                | _____   | _____   |
| Termite Contractor       | _____                | _____   | _____   |

This is to certify that the above listed sub-contractors have current Effingham Occupation Tax, if sub-contractor is not from Effingham County a copy of their current Occupation Tax is required.

Sign \_\_\_\_\_ General Contractor/Home Owner