|  |  |  |
| --- | --- | --- |
|  | **milwaukie building division**6101 SE Johnson Creek BlvdMilwaukie OR 97206503.786.7600building@milwaukieoregon.gov | **CONTRACTOR / SUB-CONTRACTOR FORM** |

**REQUIRED CONTRACTOR / SUBCONTRACTOR LIST FOR CERTIFICATE OF OCCUPANCY**

**Single Family Dwelling**

**OAR 918-480-0140**

**Permit #: 601-\_\_\_\_\_-00\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Contractors Performing Work |
|  | Contractor Name | Address / Phone | License # | Work Performed |
| General Contractor |  |  |  |  |
| Electrical Contractor |  |  |  |  |
| Low Voltage Contractor |  |  |  |  |
| HVAC Contractor |  |  |  |  |
| Plumbing Contractor |  |  |  |  |
| Backflow Contractor |  |  |  |  |

I signify that the information contained in this list is true and accurate at the time this list was submitted to the local building division.

I hereby certify that a minimum of fifty percent (50%0 of the permanently installed lighting fixtures shall be fitted with compact or linear fluorescent.

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Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**This document to be maintained in the permanent Building File.**